The "Unproductive" Provider:

A Systematic Method for Evaluation and Improvement of Under-producing Physicians and Advance Practice Nurses

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How is productivity measured for you?

- Relative value units (**RVUs**)
- Number of patient visits
- Panel Size
- Dollars generated to a practice
- Other

How are productivity goals set?

- No goals
- MGMA/AAMC benchmarks
- Department sets goal
- Health Center sets goal
- Other

Carrot or Stick?

- Penalty for not meeting goals
- Reward for exceeding goals
- Both
- Neither

Our System

- Our department
  - 16 physicians
  - 2 APN's
  - 2 Behavioral Health providers (1 LCSW and 1 PhD)

- Full time: 55 hours of work/week
  - 36 hours of direct patient care
  - 4 hours of administrative work
  - 15 hours of academic time

Compensation-MD

- 100% compensation comes from RVUS
  - Must achieve 7 “points” to keep salary whole
  - 1 point = 1% of compensation
  - Points: patient access, service, academics, teaching, etc.
- Physicians are expected to work at the 65^{h} percentile based on the MGMA Midwest benchmark table
- Opportunity for quality bonus

Compensation- others

- APN's (staff)
  - Salaried
- LCSW (staff)
  - Salaried
- Psychologist (faculty)
  - RVU
    - MGMA table for psychologists

Tier System

TIER	PERCENTILE	CODE
Tier 1	≥65%ile	
Tier 2	46-64%ile	
Tier 3	26-45%ile	
Tier 4	≤25%ile	

Transparency

- Monthly report
  - Summary of all faculty members
- Monthly and yearly targets (calendar vs fiscal)
  - Variance
- Productivity percentile / Tier
- NPV/TPV %
- Slot Utilization
- Same Day Cancellation %
- RVU per visit
- Open Encounters

Name	RVU %ile	Tier	Crnt Month Actual	Crnt Month Target	Variance	Sept YTD	Sept YTD Target	Variance	NPV/ TPV %	Same Day Cancel	Slot Utilization	RVU/ visit
Dr. A	45	3 	312	352	(40)	1066	983	83	10.7	11.1	92.6	1.4
Dr. B	85	1 	249	195	54	769	559	210	5.9	5.2	100	1.5
Dr. C	50	2 	260	273	(13)	758	722	36	24.7	5.8	81.3	1.4
Dr. D	45	3 	244	297	(53)	792	851	(59)	10.9	9.4	100	1.2
Dr. E	25	4 	306	341	(35)	935	993	(58)	30.4	13.2	90.2	1.4

Systematic Analysis

- Our team
  - Business Administrator
  - Executive Director
  - Practice Director
  - Medical Director
  - Key Informants

Hours worked

- Hours scheduled vs hours worked

Slot utilization

- Market share
  - Look at others in the practice
  - # New patients/week or #NPV/TPV
  - Lag time for new patient to be seen

Increasing Market Share

- Marketing
- Online booking
- ZocDoc
- Community Events
- Specialist Referrals
- Midwife Referrals
- ED Call
- Unattached hospital d/c
- Area Schools
- Retiring PCP's
- Insurance Contracting

Slot Utilization

- Patient satisfaction
- Scheduling
  - Non traditional hours
  - Scheduling messages
  - Frequent cancellations
  - 3rd next available appointment

No show rate

- Reminder calls
  - One study showed 36% of all no shows simply “forgot”
    - No show rates fall when instituting reminders
- No show policy
- “Scrub” the schedule ahead of time, call people who are likely to no show or double book into their appt
- Increase and encourage same day/acute appointments

Coding

- RVU/visit
  - Compare against others and national standards
  - Look at the breakdown of E and M coding
  - Coding audit by coding specialist

National CMS Data for Family Physicians

New Patient Office Visits	Percent	Established Patient Office Visits	Percent
99201	0.78%	99211	2.64%
99202	13.42%	99212	2.84%
99203	49.57%	99213	43.18%
99204	31.48%	99214	48.40%
99205	4.75%	99215	2.94%

Source: *2017 E/M Bell Curve & Auditing Sourcebook*. Gaithersburg, MD: DecisionHealth; 2016.

Efficiency

- Show up on time
- Huddle
- Leaving the room to get supplies
- Charting in real time whenever possible
- Staff support

Wellness

- Is productivity a new issue for this provider?
- Personal health
- Work/life balance
- Burnout

Provider Buy In

- Why is this important to you as a department?
  - Departmental level
    - External pressure
    - Funding
    - Staffing
  - Individual level
    - Financial consequence
- What is important to the provider?

Case Study

- Dr. C is a seasoned family physician that has been an attending physician for nearly 20 years. She is hard working, committed to teaching medical students and known for spending long hours at the office, both at this job and her previous jobs. She admits that she is somewhat set in her ways and sometimes reacts negatively when she feels she is being "told what to do." Of note, Dr. C taught me when I was a medical student and I am currently her medical director and vice chair.

- For the fiscal year 2017, Dr. C was a 0.95% clinical FTE and her budgetary target to be at the 50th percentile on the AAMC grid was 4400 RVU's per year, or 367 RVU's per month. In December, I was tasked with the mission to improve her productivity based on RVU's.

RVU's	July	Aug	Sept	Oct	Nov	Dec	Total (exclude July)
Actual	50	340	333	304	314	307	1598
Goal	FMLA	367	367	367	367	367	1835
Difference	NA	27	34	63	53	60	237

This meant, her if her average RVU/visit is 1.3, she is behind by 182 visits.

Lesson learned . . . Get accurate numbers in real time and act fast before it is too late.

- I was, of course, fearful to approach Dr. C and decided to take an overly supportive approach. I was aware that she had been spending long hours with not enough output. I assumed that this was putting some financial stress (since salary is determined by RVU's) as well as exhaustion and burnout. We focused on her efficiency. Dr. C often runs behind in clinic. She does not complete her charts during her visit and often finishes them up at the end of her session or at the end of the week. Her notes are extremely thorough. I know that she batches many of her labs, phone calls and note completion for Friday night, which takes away from family time. She always has several stacks of medical records and paperwork on her desk. Dr. C is also frequently on her phone or computer doing non-work tasks such as social media. We put several tasks in to motion to address these issues.

- We noticed that her number of visits per month were lower than her counter parts. Her slot utilization was near 100%.
- We also noted that her no show rate was 13%, the highest in our department. New patient lag time to be seen: 13 days
- 3rd next available appt: 5 days

What about her coding?

- We then looked at her visit E and M coding and found that a majority of coding was 99213, then 99214, but also a significant number of 99212. When asked about this, she had been forgetting a review of systems, so just billed a 99212 to be accurate. We worked on her template to include a ROS automatically so that this does not happen again and she is reminded to ask these questions.

What about her wellness?

- Karen knows Dr. C personally since she was a resident. She was able to reach out to Dr. C and come up with some creative solutions about her schedule (block off some time in the middle of the day) to help with her charting/workflow. She was more open with Karen as Karen is not her direct supervisor and they have a long-standing relationship of working together.

- Several months later, we saw only small improvements. I was exhausted from all of the hard work and thought with nearly no success. My fellow administrator who knows Dr. C well suggested that I just share the numbers with her and tell her to figure it out on her own. . . And she met her productivity numbers.

How did she do it?

- A good team
- Dr. C was motivated to solve her own problem
- Dr. C is a team player
- Dr. C advocated for herself
- She still continues to work long and late hours

Moral of the story:

- Modify what success means
- Involve all members of the team
- Find out what is important to provider