REDUCE HEALTHCARE COSTS WITHOUT SACRIFICING QUALITY AND FLEXIBILITY
Ask most medical group leaders what their biggest challenge is and the answer is likely to be “taking the cost out of quality healthcare.” In fact, that was the No. 1 challenge in the MGMA “Medical Practice Today: What members have to say” research published in the July 2013 issue of the magazine (mgma.org/virtualconnection). To accomplish that feat, retain quality and improve patient satisfaction requires flexible solutions. Some healthcare professionals, including a group at a major outpatient center for West Virginia University (WVU) Healthcare, are using operational prototyping (OP). It allows teams to identify strategies, processes and physical spaces that work best for their practices and can be standardized in all locations.

The health system, an integrated healthcare provider in Morgantown, WV., and a large system of clinics in the Midwest implemented OP 15 years ago, and professionals continue to repurpose their clinic space without gutting it every time.

OP is a process, not a manual or a piece of software, that encourages professionals to design spaces with efficiency and patient satisfaction in mind. It is a method of determining a unique set of best practices established by key personnel and team members who are mindful of cultural differences and population management challenges. (See sidebar, page 35.) The resulting standards become part of a manual, and they are incorporated into every organizational change, whether it is architectural design, space planning or staff interaction.

“Designing the medical office environment to address current objectives isn’t easy,” says Jeffrey Milburn, MBA, CMPE, independently contracted consultant, MGMA Health Care Consulting Group. “Organizations tend to fall into three general categories regarding planning. Some never develop a planning process and are basically only reactive to the environment. Others develop a plan every year and promptly shelve it to focus on more current issues. This is comparable to building an annual budget and never using it during the year. The third category is the organization using a formal process, regardless of the methodology, as a tool to develop goals and objectives, assign responsibility and frequently measure and report progress. It’s the organization developing and using the planning process that sees the greatest return on its resource investment.”

When using OP, professionals develop unique strategies, processes, methodologies and best practices for each system to contend with changing healthcare demand, reimbursement rate cuts, EHR mandates and limitations of existing facilities. These issues require reliable data to support decisions.
regarding optimal physician mix, projected revenues and expenses, and future real estate requirements as well as the best ways to gain efficiencies and improve staff interaction. Professionals who have used OP say the process helped them satisfy patient expectations, reduce expenses and ensure long-term viability of their practices.

**How it works**

The first step is to schedule a meeting of the OP team to envision how a practice wants to deliver care. The number of team members and their level of involvement will vary with each organization based on its management style, culture, size and structure, and where and how OP is to be implemented. Team representatives could include an administrator, a physician, a clinician, information technology (IT) and administrative support. Your team can then assess how the practice operates and ask pertinent questions, some of which might be:

- Does the practice have an efficient EHR system?
- How does staff manage supplies?
- How does staff run labs?
- Where are computers needed?
- Is it preferable to have registration at a kiosk or a station?

Once executive leadership and the OP team buy in to the concept, the OP process begins, including determining and designing models. Through the process, your practice can:

- Reduce capital requirements
- Establish a consistent model of care and optimize its delivery
- Create a consistent, quality patient experience
- Develop efficient, flexible environments
- Set group purchasing standards
- Optimize the flow of space and processes
- Support and solidify recognizable brand identity
- Effectively implement and integrate technology
- Improve staff interaction
- Gain efficiencies throughout the practice
- Standardize but with flexibility, adaptability, replicability and modular capability

**OP in action**

WVU, a 531-bed tertiary care center that serves as the primary teaching destination for the university’s medical schools and University Health Associates (UHA), the state’s largest multispecialty physician and dental group practice, recently completed an OP project. UHA leadership and WVU executives approved the use of the OP process to examine anticipated functions and components of a new facility, including operations modeling, standard facility pod development and development services. During their planning for a 100,000-square-foot ambulatory care center (ACC) they used the process to:

- Ensure that the ACC operations were community-based, with a user-friendly, consistent caregiver environment, flexibility and adaptability to change, and delivered exceptional care
- Develop a more standardized model of care that allowed good interaction between staff, physicians and residents
- Provide patients with easy access to physicians and diagnostic services outside the main campus
- Build one health center with a replicable group practice module
- Maximize exam room usage when physicians perform surgery or take days off

Professionals who have used operational prototyping say the process helped them satisfy patient expectations, reduce expenses and ensure long-term viability of their practices.

The process helped the team meet goals while keeping costs under control, says Kim Trimble, MPA, director of practice operations, WVU. “It incorporates flexibility into everything we’re doing, making our rooms more accommodating for multiple patient and physician types, and more cross-functional in their purpose,” she adds. Due to the success, the team is applying OP elements to its supply management process to incorporate a more efficient and effective computer-based supply system. “The process sets us apart from our competition and is something we can apply across our practice in a multitude of ways. The investment we’ve made in OP today will be a value-add tomorrow,” Trimble explains.
They defined and refined standard modules of patient flow, IT, telecommunications, capital procurement, including equipment and furniture, and supply management. These teams and leadership were instrumental in creating a prototype that has been replicated for many years. And the key to that success is the flexibility of the model. It is important to recognize that there will be unknown operational challenges as you plan for the future. For example, you might need to use a room for exams today and tomorrow it will be repurposed for diabetes education or as a mini conference room. Contact Rebecca Flink at rflink@hammesco.com.

### OP solutions to common physician practice challenges

<table>
<thead>
<tr>
<th>Challenge</th>
<th>OP Solution</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Computer implementation and integration:</strong> Creating, maintaining and making EHRs accessible to everyone in the practice.</td>
<td>OP facilitates and streamlines these challenges by replicating previously documented time- and money-saving best practices that will support present and future clinical workflows. OP data simplifies such decisions as the most productive locations for computers, servers and other devices including printer, as well as the location of cabling and wireless connectivity.</td>
</tr>
<tr>
<td><strong>Improving staff interaction/designing for communication:</strong> The need for very clear communication methodologies that enhance teamwork and effective interaction.</td>
<td>A private, centralized team area surrounded by exam rooms would ensure easy, swift and confidential communication.</td>
</tr>
<tr>
<td><strong>Space planning:</strong> Limited space.</td>
<td>Repurposing spaces allows practices to create flexible, adaptable and standardized spaces that are cross-functional. Today’s exam room might serve as a conference room tomorrow.</td>
</tr>
<tr>
<td><strong>Supporting the physician mix strategy:</strong> How to maximize productivity for today’s physician/service mix while allowing for change.</td>
<td>Previously identified benchmarks enable the practice to configure and design spaces to support the physician mix while providing flexibility for potential future strategic changes. Past experiences inform decisions regarding the optimal arrangement of exam rooms and support spaces, square footage and utility requirements, and the standardization of exam rooms so they can be used by one specialty today and another tomorrow.</td>
</tr>
<tr>
<td><strong>Population health management:</strong> Serving patients within a defined group to improve quality and access across the continuum and ultimately reduce readmissions. Three of the most chronic conditions are obesity (34.9 percent, or about 78 million, of the people in the United States are obese, according to the National Center for Health Statistics, part of the Centers for Disease Control and Prevention); diabetes (The American Diabetes Association estimated the total costs of diagnosed diabetes increased 41 percent between 2007 and 2012 to $245 billion, with nearly 26 million adults and children living with the disease); and heart disease (the leading cause of death in the United States and responsible for 17 percent of health expenditures, according to the American Heart Association).</td>
<td>For a bariatric population, this might mean oversized door openings, extra-large exam tables and supersized waiting room furniture. For the diabetic and cardiac populations, it could mean a proven combination of outreach, education and treatment spaces, all carefully designed and standardized to be efficient for today’s need, adaptable across specialties and scalable for future growth.</td>
</tr>
<tr>
<td><strong>Cultural needs and nuances/skill sets:</strong> What works in one physician practice may not work in another.</td>
<td>Accommodating large, extended families might warrant larger waiting rooms, more furniture and facilities. A practice serving a large group of geriatric patients may rethink the kiosk and employ a manned registration station.</td>
</tr>
</tbody>
</table>