

THE SOFT SIDE OF BENCHMARKING: Using Qualitative Analysis to Give Context to Your Benchmarking Results

Presented by:

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Financial Disclosure

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Today's Discussion

Case Study:

- Using benchmarking to identify areas of possible opportunities
- Conducting qualitative analysis to give context to the benchmarking results
- Comprehensive package gives credence to your ideas and narrows the project scope

Case Study


Practice Profile Eight physician, multi-specialty practice with one main location and six satellite offices

Situation

- The administrator *felt* that patient wait time was a problem.
- Patient complaints were mounting.
- Doctors were always running behind schedule.
- Staff was always stressed.
- Grumbling constantly heard from the waiting room.
- But, the doctors' response: "Wait time is an issue at all ophthalmology practices...it's like this everywhere."

What next?

Effective Benchmarking



- When used appropriately, identifies opportunities for practice optimization
- Helps credential yourself to physicians
- Utilizes multiple benchmarks to diagnose the health of the practice
 - Examines the whole situation, not just one benchmark.

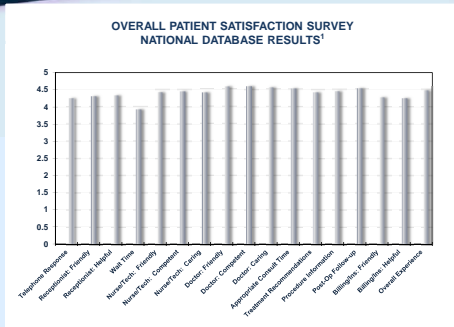
Types of Benchmarks Used in Case Study

Patient Satisfaction Survey Results

- Lower than average in many categories
- Much lower than average in patient wait-time category

	Healthy Range	Practice Result	Comment
Patient Encounters per FTE MD	4,000 to 7,000	6,700	Within healthy range
New Patient Ratio	15% to 25%	38%	Above healthy range
FTE Staff per FTE MD	4 to 8	8	High end of healthy range
Patients per Clinic Session (4-hours duration)	20 to 25	30 to 34	Above healthy range
Average total time spent in office (check-in to check-out)	63 to 66 min	145 min	Above healthy range

Patient Satisfaction Survey Results



Note: (1) The "National Database" results represent the averages for all practices surveyed by Allergan/BSM Consulting since April 2010.

Patient Satisfaction Survey Results

Survey Question How acceptable was the amount of time spent in the reception area and examining room, before seeing the doctor?

Scale of 1-5, with 5 being "Very Good"

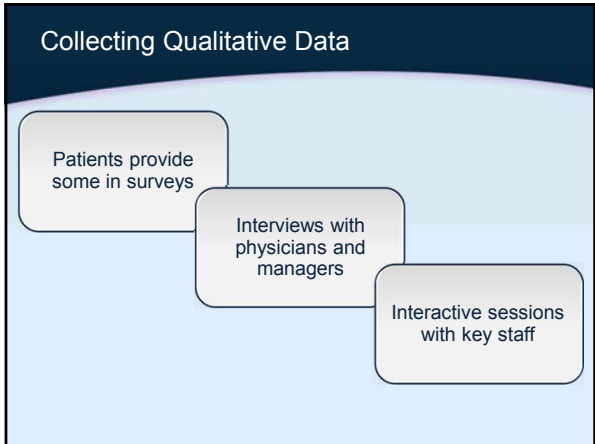
Practice Results	National Database Results	Variance
3.43	3.93	-0.5

Note: The "National Database" results represent the averages for all practices surveyed by Allergan/BSM Consulting since April 2010.

Patient Satisfaction Survey Results

Comments from patient surveys:

- "I think that two hours is an awfully long time to be at a doctor's appointment."
- "I was here for a really long time but the doctor spent less than 5 minutes with me. I don't get it."
- "I can't take off a half day of work every time I go to my eye doctor... This is ridiculous!"



Physician Interviews

Patients report a lower than average satisfaction with their experience at our practice, most notably in the area of wait time.

In your opinion...

- What is the primary cause for the long wait time? What are other causes?
- What are your ideas for possible solutions to the wait-time problem?
- What challenges do we face in improving this situation?
- Which of your staff members might be helpful to have on a committee tasked with improving patient satisfaction in this area?

Interactive Feedback Sessions With Key Staff

Committee of staff at all levels:

- Patient-centered staff from all departments
- Positive, can-do attitudes
- Influencers

Use same questions from manager/physician interviews:

- Round-table discussions
- White boarding

Use qualitative feedback to develop report:

- Anonymous!

Merging Quantitative and Qualitative Data

General Findings

Patient volume well within normal range and staffing is more than adequate to handle volume.

New patient ratio possibly indicates patients are not returning to the practice.

Patients report dissatisfaction with experience, especially wait time.

Staff were stressed and frustrated; perception was that "practice doesn't care that we run behind every single day."

Doctors were unhappy that patients were unhappy.

But, they also felt that the only answer was to see less patients.

Several of the key staff involved in the committee felt that it was possible to retool the schedule to see the same number of patients without making them wait so long.

The Complete Picture Reveals Assumptions

Looking at the issue from all sides enabled the practice to identify several assumptions that were holding the practice back:

Assumption 1 (made by staff)

Practice doesn't care that we always run behind.

Assumption 2 (made by doctors)

Patients don't wait any longer here than they do at other ophthalmology practices.

Assumption 3 (made by doctors)

The only way to decrease patient wait time is to schedule fewer patients.

Assumption 4 (made by patients)

The doctor doesn't care about my time.

Thorough Analysis Adds Credibility

Comprehensive package of information more convincing than a "feeling"

The "total package" was the arsenal needed to get authorization and resources to attack the problem

Clarified the goal: Decrease patient wait time by improving patient flow, **without** decreasing the number of patients

Where are they today?

Project and improvements are underway!

- Quantitative and qualitative analysis have been completed.
- Worked with cross-department committee to overhaul schedule, clearly define patient types, train staff, and reallocate technician resources.
- New schedule has been rolled out to main office.
- Modified schedule and rolled out to satellites two months later.
- Patients are now being seen within 15 minutes of their appointment time more than 85% of the time (full dilated exams finished on average within 1 hour, 15 minutes of check-in).
- Year-out patient satisfaction survey will be conducted.

Question and Answer Session

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