



Doctors on the Move

Many practices with multiple sites have adopted a plan of having doctors move from one site to another. The reasons for this might include:

- They want the “rainmaker” provider to have presence at all sites in order to attract new business.
- They have coverage issues in one site so they fill in the understaffed site with providers from another site.
- They don’t have enough room in any one site, so they move the doctors around to maximize use of exam rooms.
- They have all part-time doctors and small sites so they constantly move providers to get optimal coverage everywhere.
- They think that if one doctor has/gets to move, all of them have/get to move.

I have never seen this type of practice “work.” This system of movement guarantees that patients will wait at all sites, increases the likelihood of discontinuity, reduces patient satisfaction, adversely effects clinical outcomes, increases the workload (at each visit and the total workload), increases the risk for mistakes, increases delays for contacting patients with lab results and refills, increases the frustration of staff, and makes accountability and responsibilities very ambiguous. In any demand- supply flow system the goal for improvement is the reduction of wait times. The practice of moving doctors around increases wait times, and we get these results intentionally.

We need to find ways to avoid this practice and create a culture of accountability and responsibility that resonates with what our customers want. We can hire full-time providers, we can build practices with enough size for coverage, we can hire some providers with the express purpose of filling in at all sites (this at least keeps the other doctors at one site) or we can spread the doctors out over the week to ensure full use of all rooms. If we want to build the most effective and efficient, most satisfying and clinically optimal systems of care, we must work to eliminate waits, not create them.