



Provider Visits Per Day in Salaried and Non-Salaried Environments

There are providers who want to see less visits per day than their colleagues. Sometimes they insist that their patients are sicker and that they need more time or they are just slower due to personality, lack of focus, poor support, multiple interruptions etc. No matter the cause, the result is the same - less visits per day.

For Providers On Salary

In environments where doctors are on salary, all get paid the same or about the same. If a provider says he/she will see less visits per day than his/her colleagues, or actually sees less visits per day than her colleagues, what are the consequences? (I am assuming that the less visits per day is not due to great focus, no interruptions and great team with the result of seeing all the work and there is just no more work to see. This is the ideal and I am assuming that we have not reached ideal here).

1. He/she gets the same pay with less visit work.
2. Unless he/she works more hours for the same pay, then his/her visits produced are less than the other doctors. Working more hours requires more support staff time.
3. His/her gross revenue generated and net revenue is less. The cost is the same but the net revenue is less (gross revenue minus cost = net revenue).
4. If his/her patients don't see him/her, they see others since some patients cannot wait. The visits for the other doctors are now longer because the patients are not their own. And the visits per day for THE OTHER DOCTORS is now less. Production is down there too.
5. His/her patients wait longer and there are more no-shows and more walk ins.

How to stop this:

1. If the providers are on the same salary, give them the same panel size.
2. Make them see their own patients and don't let the patients wait. This gives the patients what they want - having a doctor and not having to wait. This also improves outcomes and satisfaction and reduces cost.
3. If the provider cannot keep up, don't let him/her send her work to others and don't let him/her send work to the waiting list.
4. If he/she can't keep up, lower his/her salary to reflect the panel that he/she can manage.
5. Run a cost-benefit analysis for each doctor (each doctor costs us this much money. Each visit brings in this much money). Are these at least equal?
6. Counsel the doctors who cannot make enough money to pay for their presence. You cannot keep them forever.

For Non-Salaried Environments

In non-salaried environments, the issues are not exactly the same. In a salaried environment the providers have to have the same panel because of that same salary. In a non-salaried environment, the panels do NOT have to be the same. But the same "rules persist: see your own patients and don't make them wait. So some providers may choose a smaller or larger panel depending on their ability to see patients. Those with better focus, better use of their team, no interruptions and a better organized office can see more visits since the visit length is less.

At the same time there is a lower limit to this chosen panel. If the panel chosen does not generate enough visits (or if the visit lengths are too long) to generate enough gross revenue to equal or overcome the cost, or if the cost itself (due to provider preference on visit length rises above gross revenue), this provider is costing the practice revenue and counseling must ensue.