

The Productive Therapist

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Format

Interactive
Discussions among
equal peers
Constructive argument
Reality Oriented
Mutual Accountability



Expectation Planning

Four horizontal lines for writing, each preceded by a vertical line on the left side.

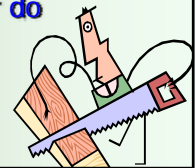


Who is The Productive Therapist?

Many different people can be productive depending on the setting and systems in place.

Avoid overgeneralizations

What can the typical worker do to be more productive?



The Productive Therapist

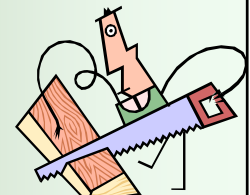
To become more productive, we first must examine those who already are and especially those who already are not.



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Avoid overgeneralizations



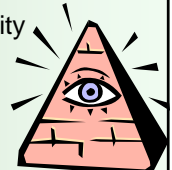
Therapist Skills

Having more skills available does not mean that what you do will be more effective
Focus is needed



Cautions

Different setting means different productivity
Different types of patients means different productivity
Support systems will have a tremendous impact on productivity
No magic "gold standards"

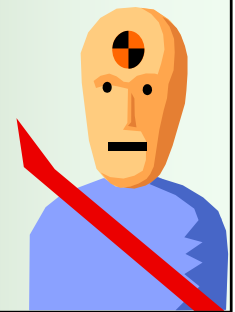


What Leads to Productivity?

Limit to **outpatient orthopedic PT**
Probably applies to other scenarios
Study **pairs** of therapists
Same physical plant
Same resources
Same patients
Pair differ by **30% in productivity**
Visits, treatments, etc.

Factors Affecting Productivity

Therapist Attitudes
Therapist Beliefs
Quality
Acceptable quantity
Therapist Behaviors
Billing choices
Treatment choices
Interaction with support staff
Therapist skills



Study Design

Interviewed
125
Total Pairs

■ Interviewed

Structured Interviews Information Gathering

Volume (8 - 46 pts)
Outcomes (20%)
Type of load (ortho)
Hours worked
40+ hr/week
Experience (>2 yr)
Continuing Education
Management experience



World Class Clinicians

Five 40+/day therapists in final group
Not a goal - a model
Most can not reach this goal
Or even come close
Use the best to get better



Information Gathering

Definition of quality
"Full" load
When does increased quantity reduce quality?
What will managed care do to your clinical practice?
Billing practices & behaviors
Method of income for therapist

More Information

Actions to increase productivity
Clinical
Business systems
Documentation
Typical patient interactions (Audio/Video)
Initial eval
Routine treatment
Discharge
Use of ancillary support staff (30-40%)

More Information

Stress level at work
Perceived important actions for productivity, i.e. What has worked?
Treatment paradigms
Use of pathways or protocols
Extent of productivity monitoring system

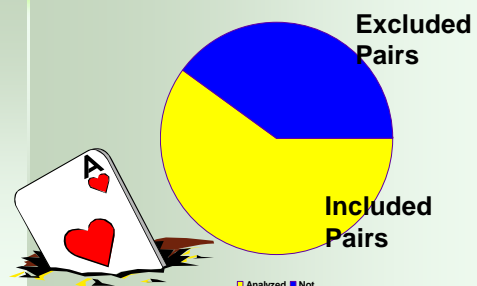


Reasons for Exclusion N=50

Inadequate characteristic match
Dissimilar hours
Varying neuro/peds load
Inadequate quality match
Dissimilar outcomes
Poor outcomes
Poor patient satisfaction
Observed poor quality or interaction



Study Design



The Productive Composite

Tremendous variance within individual clinics and between clinics
No relationship between stress and volume at steady state
More stress when volume is increasing
Few are not aware of need to increase
Most therapists are concerned about quality degradation

The Productive Composite

Individual skills matter
Individual behaviors matter
Productivity is a discipline
Productivity requires discipline



Bill - The Low Producer

Feels somewhat disorganized
Struggles with time management
Tried daily planners and organizers but nothing seems to work for him
Thinks about today - today, not before



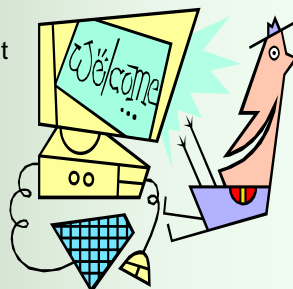
Bill - The Low Producer

Passively accepts his schedule
Often not sure what will happen next
- Today, tomorrow, later in the week
Tends to blame scheduler for his less productive days
Many discharges seem "unanticipated"



A Basic Requirement

You can not treat what is not scheduled
You can not treat what does not show up



Bill - The Low Producer

Frequently distracted in the clinic
Phone calls
Missing paperwork
Patients out of schedule interfere
Co-workers find him easily available to "help" with their patients
- Interferes with treating his own patients



Bill - The Low Producer

Misses meetings because patient care runs late into meeting time
Has to play catch up for meeting information
Considers meetings a waste of time
Leaves late



Bill - The Low Producer

Documentation
Always seriously behind
Hesitant to see more patients because of the "excessive" paperwork required
Does not really have a "system" to get the notes done



Bill - The Low Producer

Control of patient interactions
Spends significantly more time with patients but often needs to get more information later
Often pulled out of patient contact time by interruptions



Patient Perception of Therapist Time

Bill
Patient perception of contact time is skewed low
Phil
Patient perception of contact time is skewed high



Verbal Patterns

Bill
Uses big vocabulary and jargon
Grade level 7-8-9
As high as 22nd grade level
Phil
Use single syllable words
Grade level 5-6-7



Bill - The Low Producer

Feels that patient education is not as important as hands on time
Verbally allows patient to reschedule or miss treatments in the name of patient service
No show / Cancellation rate double that of Phil
Sometimes fails to set mutual goals with patient



Attitudes About Therapy

Bill

"Patients are here to get treatment from me"

Patients

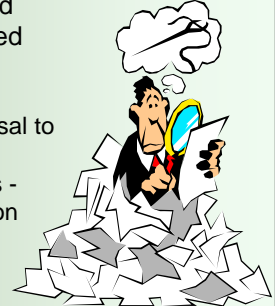
"I'm here to get better"



Bill - The Low Producer

Specialist attitude toward treatment of complicated patients

When in doubt, uses all resources at his disposal to get the patient better
Patients get all his skills - every treatment session



Quality According to Bill

Defines quality in relation to the amount of his time the patient gets, or that the treatment is done by a skilled Therapist



Quality vs Quantity

Lower producers

Increased quantity is perceived to absolutely reduce quality
Doing more means doing it less well

Higher producers

Increased quantity is perceived to potentially reduce quality
Doing more means getting more done, it may or may not affect quality



Therapist vs Patient Focus

Lower producers

Define therapy from the therapist's viewpoint
Good therapy is when the therapist is good
Patient is a recipient of good quality
Therapist centered focus



Therapist vs Patient Focus

Higher producers

Define quality of therapy from the patient's viewpoint
Good therapy is what works
Patient is an active partner in good therapy
Patient centered focus

Phil - The High Producer

Highly Organized

- Uses a daily planner religiously
- Prepares the night before leaving

Emphasizes scheduling

- Can't treat what doesn't show up
- Assured patient understands need to attend - does not give permission to miss.
- Anticipates discharges and plans ahead



Phil - The High Producer

Controls extraneous clinical distractions

Phone interruptions

- Prepares a very select list of acceptable interruptions
- Schedules time to return calls
- Schedules a time to take calls

Peer interruptions

- Shares clinical techniques but for patient reasons not social reasons



Phil - The High Producer

Meetings

- Attends on time
- Requests agenda
- Encourages time limits in agenda



Phil - The High Producer

Documentation

Completes notes while with patient

- Documentation becomes part of the regular treatment session

May use any of many technologies for notes

- Whatever the technology, uses a system to make it work to his advantage

Keeps up - rarely falls significantly behind



Phil - The High Producer

Control of patient interactions

- Outstanding listener
- Intense eye contact
- Patient perception of contact time is skewed high
- Uses simple language and few multisyllable words to explain
- Backs up verbal with written instructions

Initial Patient Interaction

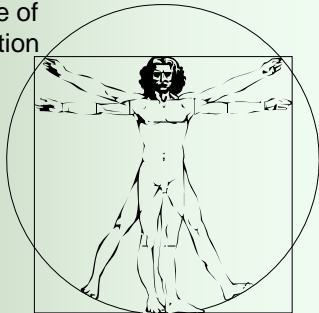
Does not give permission to miss

Promises realistic goal attainment



Goal Setting

Draws verbal picture of successful completion of therapy



Phil - The High Producer

Belief

Therapist is there because the patient needs them, not the patient is there for the therapist to treat

Tiered approach to care



Phil - The High Producer

Expert, not specialist attitude

Emphasizes what works, not techniques

High emphasis on patient's role & responsibilities

Excellent patient educator

Prefers to educate rather than hands on when appropriate

Focus is on patient - not therapist



Tiered Patient Care

Focus on effective

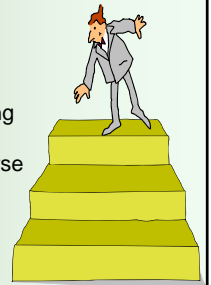
Not efficient

Not "Cadillac-approach"

When single preferred course is not obvious, chooses single or few interactions, not a little of everything

Rifle, not shotgun approach

Starts with least risk, least cost course that is likely to be successful



Tiered Patient Care

Progresses, if needed, to next lowest cost, next least risk course

e.g. Hypertension intervention

Terminates treatment when goals are reached or it is clear they are not likely to be reached

Termination decision more comfortable



Use of Ancillary Caregivers

Delegation won't help if:

You are not good at it

No one to delegate responsibly to

Define capabilities and availabilities as a team

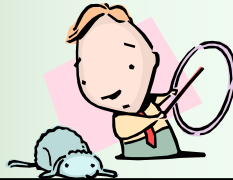
Bad supervision worse than no delegation at all

Define roles



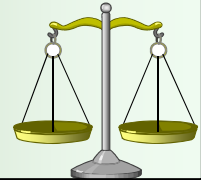
Keys for Delegation Decisions

Education
Experience
Expertise



Critical Factors to Consider

Separability of Tasks
Predictability of Consequences
Stability of Situation
Observability of Basic Indicators
Ambiguity of the Situation
Criticality of Results



Phil vs Bill

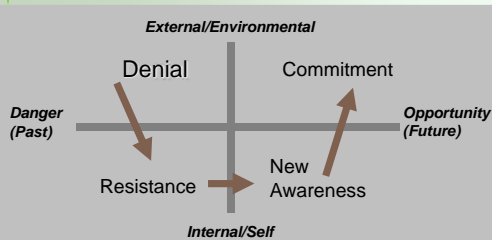
Neither one is bad person
Responsible
Hard working
Dedicated
Neither one is Mr. Wonderful
Phil is just more productive
Everything else equal - more productive is better
Pays own way better

Changing staff behavior

Staff already knows importance of high productivity
Clarify its importance in your clinic
Help staff analyze Phil and Bill
What can staff adopt from Phil and avoid from Bill?
Staff needs to "handle" productivity to really learn it

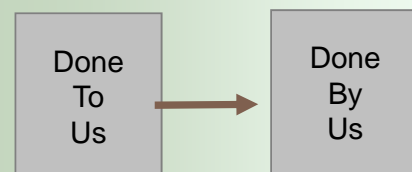


Acceptance of Change



Overcoming Resistance

Convert Imposed Change to Initiated Change



Handling the Concept

Rubik's Cube approach

Don't just tell about it

Help staff experience it

Some of the rules are not known

Many years of practice may need to
be unlearned

Everyone does it "their best"

Skills are tedious to learn

Even more tedious to unlearn



Ask Staff Questions

What is quality?

When is it too much to be good?

What have you done to be more productive?

What is your documentation system?

Are you a good delegator?

Is therapy about you or the patient?

Then listen

And keep listening



Productivity will challenge your values

Clarify them

Remember to focus on what is

important - like Phil

Don't get frustrated



Become The Productive Therapist

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Thank You