

## **Therapy and Administrative Collaboration: An Integrative Approach**

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Any modern medical practice is made up of two “businesses” in one. There is one that’s billing, scheduling, and administrative and the clinical patient care. Both are codependent on one another for success, but many times they end up in an “us versus them” mentality.

Any information on new patients always starts with the administrative side of a practice. They are also the first connection that a family and/or parent has in their journey to get answers for their special people.

There are three main areas that clinicians and admin staff have to pay key attention to in order to maintain a collaborative, team environment: Scheduling, Accountability with information, and Environment.

In order to avoid the “us versus them” mentality it requires every individual to operate in a “bigger picture” mindset. The goal of a therapy clinic is to bring the patient in and help give them what they need so we can eventually send them on their way to do great things. Clinicians can’t do that without the admin team working the scheduling process, follow up, and billing. Without the clinicians the admin team would have nothing to do.

The focus must shift from “what are my tasks” to “what is my ‘why’”. This is necessary for the clinicians as well as the administrative team. This brings a unified purpose that the entire practice is working to achieve.

EMR has made things somewhat simpler, clear, and transparent in the medical world. In other ways, though, it has added layers and steps that previously did not exist. There are now so many different jobs that have to happen and so many different things that people have to do that if you don’t have a clearly defined, unified purpose within a group it’s very easy to not support one another. Here at PDT we call it “getting sideways.”

A unified purpose is critical for the cohesion, not only of therapy and administrative, but the different therapy practices that may operate within a single clinic.

### **Scheduling – A clear plan & clear communication.**

At PDT, there is an expectation that the front desk and admin staff are going to work in collaboration with team leads in scheduling. Each team lead is keenly aware of their therapists’ professional strengths, experience, areas of interest, as well as clinic location / contract site. This allows for schedules to be constructed according to the individual therapist’s needs in order to set them up for the most successful case load. Most importantly, this allows scheduling to work most efficiently so patients can be treated and eventually discharged.

The team leads give the front desk the plan for scheduling. When the plan isn’t working or needs adjust the front desk and team leads meet, discuss, and adjust to create a new plan for scheduling.

The plan is what allows administrative staff to be most successful in scheduling. Included in the plan should be an understanding of times / slots to fill and the timeline in which they should be filled. These expectations only happen through intentional communication and clarity of communication.

Therapists can help the front desk by taking an active, initiative approach to their schedules. The therapist’s schedule is their schedule so they should take some ownership in helping make it happen. Therapists can help fill cancellations through their own knowledge of their patients and families. The therapist will many times have more insight into the regular weekly schedule of their patients than a front desk or admin staff. On the other side of this, a sense of urgency regarding cancellations or changes in the schedule is needed from the front desk / admin in order to 1) inform the therapist and 2) get their insight in possible reschedules and fill-ins.

### **Accountability – Who does what with the information presented?**

There is an incredible amount of information that is present when dealing with patients – insurance, appointment times, plans of care, and more.

#### **Admin**

As stated earlier, the front desk is the first line of communication with new patients and accountability with this information is vital to making sure that patients are treated. The intake has to be gone through thoroughly to make sure that all of the information is correct by the intake person / personnel before being passed down the line for scheduling.

Certain information in the intake is critical to the patient’s needs. Ex. – Feeding patients as well as torticollis patients are not put on the waiting list. They are scheduled immediately.

Once the information is passed onto the front desks, the accountability lies with them. The front desk can begin to schedule patients appropriately because there has already been clear communication and a well thought plan put in place for each therapist's caseload. There is a check list of responsibilities including making phone calls, verifying insurance, and much more in order to make sure that all of this information is in place. The purpose of this is to set up success for the therapist.

### **Therapist**

Once admin has all of the information in place it is also helpful, upon scheduling an initial evaluation, for admin to remind the therapist about possible challenges due to family's insurances or other factors that would affect their evaluation and plan of care. This team approach between admin and therapists allows the therapist to work in coordination with the family to create a plan of care that meets their financial abilities and schedule. The initiation of the admin team in accountability allows the family to be an integrated part of the team to help their child get better.

If the admin people have been clear from the beginning of the patient process and the therapist has been clear in the evaluation of what the goals and plan is, then it allows for buy-in from the families to know that the clinic is professional and has their best interests in mind. Buy-in helps decrease no-shows, cancellations, and aids in carryover because the family is "bought in" to the therapy.

The ability to bring professionalism through clear communication and accountability in the initial contacts that admin has with new patients is what really sets the entire clinic up for success. Some parents at the beginning of the intake process can be difficult even though the admin staff is doing things correctly. Many times this is due to the fact that they are worried about their child.

### **Environment – Facility and Feel**

A good environment starts with the physical environment of the clinic and treatment space. Is there trash in the parking lot? Are there finger print smudges on the windows? Are the seats clean? Is the waiting area arranged neatly? Does the facility feel clean? Does the treatment room feel clean? – All of these affect a patient and their family's ability to buy-in.

A good environment should also have a good feel. Is there energy in the room? Does someone greet you with a smile and eye contact when you walk through the door? Was the patient greeted by the therapist when they enter the treatment room? Do people the people that work here act like they want to be here?

A good feel also comes from both the therapists and front desk's ability to be present and engaged in conversation with patients and parents to show that you are genuinely trying to help them and solve their problem.

A positive working environment is created by a team mentality where therapists and admin staff help each other and assist each other in order to make sure that the bigger picture of patients feeling valued and getting better is accomplished.

One of the biggest hindrances to a positive working environment is gossip. Gossip can destroy a great work environment in a matter of hours. At PDT we define gossip as anything you take to somebody in a negative light that they can't solve or do anything about. We tell our staff to take it to your team lead or take it to the source (if the problem is with an individual). Some people refer to this as just venting, but if there is nothing that the person being vented to can do to change the situation all you have done is shared a negative attitude about a situation or person with that individual.

In regards to gossip in therapy, you can consult a fellow therapist for direction or insight with a situation without ever bringing the child into the discussion. To do so is really a violation of HIPAA if that therapist has no part in that child (or patient's) treatment plan.

Patients can pick up on a positive or negative work environment very quickly. Gossip works counter-actively to the purpose and "big picture" mentality of any clinic because it creates division between people that are codependent on one another for success as well as creates a negative treatment environment for patients and families.

The key question behind creating a positive environment for patients and co-workers is "How can I help you?". How can we help our patients get better and have the most positive therapy experience? How can I help my co-workers be successful in what they do to help our patients get better?

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