

## Four Lean Tips Your Practice Can Implement This Month

**H**ow can practices cope with the ongoing challenge of decreasing profit margins? One proven strategy involves continuous process improvement using the principles of lean management ([aao.org/lean](http://aao.org/lean)). The ideas below, for example, can produce immediate results.

### 1. Start each day with a staff huddle.

It is a Monday morning, the clinic is overbooked, and several staff members are out sick. Navigating such a scenario takes a team approach. Brief daily huddles with your team will help everyone focus on the same goals and will increase the synergy of the practice. Your checklist for an effective daily huddle should include the following:

- All team members are present for the huddle, which takes place before the clinic/surgery session starts.
- Review the schedule and ask questions like: What could prevent us from having a great day today? If there is a patient with special needs, how can we accommodate them? If there is an emergency or add-on patient, where is the best place to fit them in? How can we help each other?
- When reviewing the schedule, prioritize team members' time when it comes to breaks, meals, and clock-out times.
- Thank everyone for being present.

Skeptical that huddles work? Try it for a week. It may take up 5 or 10 min-

utes a day, but you have much to gain.

**2. Standardize exam lanes.** When physicians and technicians have to search around for supplies and equipment, perhaps leaving the exam lane to look elsewhere, your clinic will end up behind schedule. Minimize this problem by creating consistency throughout the clinic and all satellite offices. First, identify a list of supplies that should always be stocked. Next, make sure supplies are presented in the same manner throughout all exam lanes. For example, be consistent in how you label supplies in exam lane cabinets. To stay on top of this, assign a staff member to evaluate inventory at least weekly.

**3. Fine-tune claims.** Being proactive will reduce work on the back end.

**Step 1—before the visit, check eligibility.** Introduce standard procedures for checking patients' eligibility and benefits prior to their office visit. If necessary, do the following before the appointment day:

- Contact patients who have inactive coverage
- Inform patients of any out-of-pocket payments
- Request referrals and/or the payer's prior authorization

**Step 2—at the visit, collect payments.** If there are any copays or coinsurance, collect them at the time of service.

**Step 3—before submitting the claim,**

**scrub the charts.** Avoid the hassle of resubmitting denied claims. Make a staff member (or members) responsible for ensuring that claims are clean. Next, establish an internal review process to address the issues that most frequently cause claims denials:

- Incorrect or missing modifier
- Reporting bundled services
- Referral or prior authorization not obtained
- Use of an ICD-10 code with "unspecified" in its descriptor
- ICD-10 code(s) not supporting the CPT code(s)
- Documentation does not support payer's medical necessity requirements
- Failure to comply with a payer's frequency edits for Eye visit codes

**Step 4—learn from any mistakes.**

Create a work environment where staff are encouraged to honestly admit when errors occur so the practice can prevent them from happening in the future.

**4. Everybody—including physicians—must be punctual.** It is a rainy Tuesday morning with an overbooked schedule. All three of the new patient referrals have arrived on time and have been worked up. However, the physician is nowhere to be found—it is going to be a long day! Starting the day punctually is essential to practice efficiency and patient satisfaction. Just like staff members, physicians should let the practice know as soon as possible if they are unexpectedly delayed.

**More lean tips every week in 2023!**

Each week, the AAOE publishes lean tips at [aao.org/practice-management/lean-tips-list](http://aao.org/practice-management/lean-tips-list).

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