



# Module 14:

## Setting Up Your Medical Or Clinical Office



MD Physician Services acknowledges the significant contributions of the author of this resource document, as well as the efforts of the MD Physician Services team.

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## Key Learning Points

- ▶ *Needs assessment for optimal design of your medical or clinical office*
- ▶ *Public access areas and the waiting room*
- ▶ *Reception, administrative and clerical areas*
- ▶ *Examination and procedure rooms*
- ▶ *Private areas for physicians and staff*
- ▶ *Choosing office equipment, supplies and providers*
- ▶ *Planning for communications technology*
- ▶ *Computers in the medical office*

## INTRODUCTION

Physicians-in-training often comment that they would prefer to delegate office or clinic design, set-up and operation to others because they see it as boring and tedious. Setting up your office is an important step, however, in setting up your practice. Throughout your professional career you will probably spend more time in your office than in your home. An efficient and comfortable working environment caters to more effective and efficient service delivery to patients, less stress for you and your staff, more professional satisfaction, and more income.

Physicians' office requirements vary greatly according to their specialty. A community-based family physician, pediatrician or internist will have much more complex office requirements than an anesthetist who works in an academic hospital. Regardless of your specialty, however, whether you work alone or in a group, or whether you are self-employed or an employee, you have a vested interest in ensuring that your "home away from home" is personally and professionally comfortable, and managed effectively and efficiently. Even if you join an established practice or work as a salaried employee in an institutional setting where an office is provided for you, negotiate for an office that meets all of your personal and professional requirements.

This module will help readers develop their own checklists of questions to ask and issues to address when setting up a medical office.

## YOUR OFFICE: THE PHYSICAL ENVIRONMENT IN WHICH YOU WORK

Most new-entrant physicians will join group practices in office clinic settings, rather than design and build a medical office from scratch. The evaluation process for your professional medical office addresses the same issues that you would when considering your personal home: comfort, function, personality, accessibility and street appeal.

To learn how to evaluate whether the physical environment in which you will be working meets your personal and professional requirements, study the examples you are exposed to now. Evaluate every office and clinic you work in during the rest of your residency. Establish your "ideal office" file, keeping notes and diagrams (with measurements) of the layouts of the examination and procedure rooms, medical records areas, and the personal office space dedicated for physicians. Note the spaces that you find the most comfortable, efficient and effective to work in. Assess the ergonomic comfort and safety factors for physicians, staff members and patients. Ask staff what they like, and what they would improve. Most important, keep notes of what you want to avoid. Will these layouts accommodate future equipment needs and computerized electronic medical records?

When evaluating an office setting, it may be helpful to divide the clinic into the following components:

- ▶ Public access areas, including parking, wheelchair access, elevators, halls, washrooms, diagnostic and allied health services on-site
- ▶ Pharmacy and confectionary services
- ▶ Patient areas, such as the waiting room and public washroom
- ▶ Office reception, administration, clerical and common areas
- ▶ Examination and procedural areas
- ▶ Private areas for physicians and staff

Use the following questions as a basis to help you evaluate each area of a medical office or clinic.

### **Public Access Area Checklist**

- ▶ Is your office building or clinic easily accessible by car and public transport?
- ▶ Is adequate parking available on-site or nearby for patients, staff and physicians?
- ▶ Can physically challenged patients be dropped off at the front door?
- ▶ Are the building, elevators, public halls, washrooms and offices wheelchair accessible?
- ▶ Can a stretcher be accommodated in the elevators, the offices and all public areas in the event of an emergency?
- ▶ Is the office building clean and well maintained?
- ▶ What allied health services are on-site? Having a pharmacy, blood services laboratory and ECG clinic, as well as radiology, ultrasound and physiotherapy services nearby, offers one-stop shopping for patients and may result in quicker diagnostic test results.
- ▶ Is there a coffee shop on-site? Being able to leave the office for a break is a great benefit for you and your staff.

### **The Waiting Room**

How often during your training did you come into a clinic or office through the waiting room? Most physicians have private entrances to their offices, and often have no idea whether the waiting room is well maintained. Because patients spend a lot of time waiting to be seen, any effort to make the wait more comfortable will benefit everyone.

### **Waiting Room Checklist**

- ▶ How many patients and their companions must be accommodated at any one time?
- ▶ Does the entrance door open without risk of injury to people who are using coat and shoe racks?
- ▶ Are there adequate and accessible racks for coats and shoes?
- ▶ Are hand sanitizers and masks (when appropriate) conveniently provided for everyone to use upon arrival?
- ▶ Are there sufficient, comfortable chairs, appropriately spaced, so that no one's personal space is compromised and no one needs to stand?
- ▶ Is there dedicated space for patients who require wheelchairs or walkers?
- ▶ Is there an unobstructed path to the reception area window?
- ▶ Is the room painted and decorated in calming colors? (This is especially important if the physicians are routinely behind schedule.)
- ▶ Is there a sound system for music or white noise to ensure that conversations from the clinical side of the office are not overheard in the waiting room?
- ▶ Should a television be provided, with channel and volume controlled by your staff?
- ▶ Is the reception window positioned away from the seating area so that confidentiality can be maintained as new patients register?
- ▶ Can the staff close reception windows to maintain privacy for their conversations, telephone calls and work?
- ▶ Are current magazines available?
- ▶ Is there need for a dedicated children's play area?
- ▶ Is a washroom available for patients?

## **The Reception, Administrative And Clerical Areas**

An analysis of the numerous tasks required from a patient's first call to the medical office to the completion of the assessment, investigation and treatment reveals that the vast majority of the work is done by the multi-tasking office staff. If the office runs well, physicians can dedicate their time to the clinical encounters and delegate most, if not all, other tasks. Efficient, effective and ergonomically well-designed reception, administrative and clerical areas in your office will be of significant benefit to your staff, and reap big dividends.

During residency, however, most physicians have minimal exposure to office operations outside of the examination rooms. To learn how to design and manage a medical office, don't just ask the physician—ask staff members. Imagine the insight you would gain if, for a day, you were the receptionist in the clinic in which you are training. You would have a much better understanding of how focused staff must be to answer the phones, welcome and register patients, prepare examination rooms, do procedures, update and prepare clinical records, do the filing, and complete the call-backs, diagnostic bookings, consults and other tasks the physicians continually assign.

Privacy is a concern, and meeting the latest requirements for maintaining patient confidentiality is mandatory. Reception staff should be able to make telephone calls, have conversations with the physicians or other employees, and generally carry on their work without being overheard or constantly scrutinized by people in the waiting room. A wicket-style window, made of partially frosted glass, creates an effective barrier.

Take the time to talk to staff you work with during residency. Ask them what they like and what they would change if they had the chance to redesign or upgrade their work areas. Then, when you are evaluating your own potential office, take advantage of the expertise of the MD Physician Services consultants (see the Resources section, at the end of this document).

### **Reception Area Checklist**

- ▶ Is the reception area inviting for patients?
- ▶ Is there adequate room for staff members to receive and discharge patients?
- ▶ Can privacy be respected when patients register, ask questions or pay for uninsured services?
- ▶ Is there sufficient privacy for the reception staff?
- ▶ Is there adequate room for employees to get up and move around without disturbing each other?
- ▶ Are the desks and working areas ergonomically designed to maximize function and minimize repetitive strain injury (RSI)?
- ▶ Have you provided your staff with adjustable, ergonomic chairs?
- ▶ Are phone, computer and communication systems designed to maximize use and minimize RSIs?
- ▶ Are fax machines and photocopiers located for timely, efficient and effective use?
- ▶ Does the area have excellent lighting?
- ▶ Is there a sound system for music or white noise to ensure that conversations from the clinical side of the office are not overheard in the waiting room?

### **Administrative And Clerical Areas**

- ▶ Are there designated areas away from the reception area where staff can do administrative work?
- ▶ If the office is open concept, can privacy issues be respected?
- ▶ Do the file storage set-up and retrieval protocols meet privacy standards?
- ▶ If traditional paper files are used, are medical records within easy reach, to save time when pulling and filing? Can staff members access files in a timely and ergonomically safe manner? (See *Module 6. Medical Records.*)
- ▶ Will the reception, administrative and clerical areas accommodate an electronic medical records (EMR) system without a major renovation?
- ▶ Is adequate accessible storage available for office supplies, to avoid clutter?
- ▶ If in transition to EMR, is there adequate storage to archive the paper charts?

### **Common Areas**

- ▶ Are inner office hallways wide enough to accommodate wheelchairs?

## **EXAMINATION AND PROCEDURE ROOMS**

During residency, you probably experienced working in a dreary, too-small examination room, with inadequate lighting and outdated equipment, which created an environment that was uncomfortable for both you and the patient. The reality is that, over the next several years you will probably spend more time in your examination rooms than in your home kitchen or family room—so invest in your practice environment and make it functional and comfortable.

In days past, a physician first would interview a patient in a consultation room before moving to an examination room. This time-consuming and costly approach is rarely used today, and the examination room is actually an interview, examination and procedure room. Because the room will be used for many purposes, it should be sufficiently spacious to accommodate chairs, examination tables, a workstation for chart completion and computer, sinks, equipment, supplies and people. A room that feels crowded is uncomfortable for both physician and patient.

For family physicians, pediatricians and internists, an examination room that is 8 feet wide and 11 feet deep can accommodate most requirements without being too big. Surgical specialists will likely find that they require larger procedural rooms to accommodate equipment. National and provincial specialty associations often have resources available to assist in the design and outfitting of examination and procedure rooms.

During the rest of your training it would be wise to make detailed notes about the procedural rooms you like the most. You should consider the following when you finally set out criteria for the ideal examination or procedure room.

## Examination And Procedure Room Recommendations

- ▶ The room dimensions should comfortably accommodate the patient and at least one companion, as well as any staff, technicians and physicians who would likely be in the room at the same time. Also take into account the space required for an examination table, sink, desk, equipment, supplies and anything else you need or want when consulting with patients.
- ▶ All rooms in the clinic should function as multi-purpose rooms, so that neither you nor a patient needs to wait for a particular room to be available.
- ▶ Have enough chairs in each room for the patient and a companion, as well as the physician. Patients are more comfortable being interviewed while sitting in a chair rather than when they are perched on the examination table in a sheet or skimpy gown.
- ▶ Ensure that the patient can disrobe in privacy. Offer patients adequate and warm gowns and a place to hang their clothes.
- ▶ Ensure that window coverings guarantee privacy. Reflective film on windows prevents anyone outside from seeing into rooms on sunny days, but not if it is dark. It is essential to install effective blinds or curtains.
- ▶ The door to the exam room should be placed and hinged so that patient privacy is respected when the door is opened. Patients do not appreciate being in full view of others in the waiting room or hallway when the physician enters the room.
- ▶ Ensure that the room is well ventilated, with climate control.
- ▶ The exam room must be soundproof. Walls are easy to insulate, but sound transmission via non-insulated ceilings is often missed by contractors and physicians alike.
- ▶ If possible, make good use of any natural light. Physicians, like patients, can suffer from seasonal affective disorder, and a periodic look outside provides a healthy distraction. Dedicate inside rooms for radiological or ophthalmological procedures that require darkness, so that you can take maximum advantage of natural light for other rooms. Provide excellent overhead lighting that does not create much shadow. Procedural lights should be flexible (and portable, if required) and placed for maximum illumination.
- ▶ Ensure that power and service supplies meet your technical requirements, present and future.
- ▶ Position the examination and procedure tables and chairs so that both patient and physician can access them comfortably. Most physicians are taught to examine the patient from their right side, and therefore place the examination table with the left side parallel to the wall. If you do procedures that require access from both sides, consider adapting the examination tables with caster rollers that can be locked in position. Don't risk back injury by pushing examination tables around.
- ▶ All equipment should be within easy reach of the physician and staff, without having to reach over or around the patient or in any way disrespect their personal space.
- ▶ Ensure that waste and sharps disposal containers are close by and safely out of easy reach of children.
- ▶ The sink should be conveniently positioned in the examination room for ready access by the physician.
- ▶ For personal safety, do not place the physician work area in the corner farthest from the door.
- ▶ The physician's chair should be positioned so that he/she can easily pivot from the examination area to the sink, medical waste disposal, chart completion area, computer screen, phone/intercom and any requisitions or patient handouts.
- ▶ Ensure that the room can accommodate computer upgrades for electronic medical records in the future.
- ▶ By minimizing the number of steps and movements to complete all of your tasks, you will save time and reduce repetitive strain injury.

## Private Areas

The dedicated personal office has, traditionally, been larger than most examination rooms and is often redundant in utilization, because most physicians do not see patients in their office and use the room solely to do charting and reports. If personal dedicated space is important to you, then the extra cost for the space is worth it. If not, you can save either some rental costs or dedicate more space to the examination and common use areas.

### Private Areas For Physicians And Staff Checklist

- ▶ Is there a dedicated staff lounge or kitchen area, away from patient contact areas, so that all staff members can take lunch and breaks there?
- ▶ Are there counter and sink areas that are dedicated for cleaning and sterilizing equipment? These should not be the same counters and sinks that staff members use for food preparation.
- ▶ Is there a private washroom for staff?
- ▶ Are there secure coat and storage areas for all staff members?
- ▶ Does each physician require a personal office, or are the physicians willing to share a dedicated area where they will have their own, personal workstation?

## OFFICE EQUIPMENT, SUPPLIES AND PROVIDERS

Even though specialists will have custom requirements for equipment and supplies, all medical offices require furnishings, procedural equipment and supplies to operate. This is a brief overview of the general requirements related to setting up an office.

### Furnishings

Comfort caters to effectiveness, and quality pays dividends over time. The furnishings throughout the office, which should be able to withstand constant use, should be comfortable and exceed the ergonomic requirements of all users. The best chairs and workstations should not be reserved for the physicians; your staff will probably spend far more time at their workstations than you will. Office supply companies often offer corporate rates when an office is being furnished. If you require customized cabinetry and workstations, be sure to get input from the staff members who will be using those work areas before final decisions are made about the design.

### Medical Equipment

It is beyond the scope of this module to offer a detailed inventory of specialty-specific medical equipment and office and medical supplies. You are encouraged to ask the managers of the clinics where you are presently working to share their lists of equipment and ongoing supplies, as well as the suppliers. Provincial and national specialty associations often have resources that are designed to help new physicians outfit their offices.

Family physicians should refer to *Appendix 1: Setting Up Your Office: Office Contents, Equipment And Supplies*. The costs of setting up a solo practice, as well as the first year's operational costs, are presented as a case example. Readers who understand the implications of a solo set-up will be able to factor in the savings that will be realized when they join a group practice.

### Key Message

*Setting up your office requires a lot of planning and attention to detail. A comfortable clinic that is well designed, well equipped and well furnished caters not only to better patient care but also to professional satisfaction.*



## COMMUNICATIONS TECHNOLOGY IN THE MEDICAL OFFICE

The world of personal and professional communications is constantly evolving. The sophistication of your clinic's communication systems will depend on need, availability and cost. This section addresses some of the basics.

### Telephone Systems

Telephone systems are the lifeline of your medical practice. Before evaluating phone systems, you should understand the logistics of setting up the system as if you were designing a new office. In addition to talking to users—for example, the receptionists with whom you presently work—you should consult communications experts.

Develop a needs list before calling any suppliers. Begin by planning your system architecture: the number of lines, and the number and location of extensions. Estimate the number of lines that you will need to handle incoming calls from patients, as well as dedicated lines for outgoing calls, private office phone, dedicated internet line and the fax-modem that will be used to send bills to the Ministry of Health by electronic data transfer. Then make sure the system has the capacity for additional lines if your practice grows.

### Telephones In Examination Rooms

There are two schools of thought about having telephones in the examination rooms. Some physicians feel that they should not be interrupted while with a patient, and that office confidentiality could be breached should staff or patients use these phones.

The other perspective is that it can be effective and efficient to have access to a phone in all work areas. For instance, reception and administrative staff can help patients to rooms without being far from the phone—which will allow them to take calls that otherwise might go unanswered or would go to voicemail. Sometimes physicians need to interrupt a patient consultation to take a telephone call, but it is easy to standardize protocols so that staff know when it is appropriate to interrupt and how to maintain confidentiality. Taking the call when it comes in saves the common time-consuming frustration of calling back, only to get a voicemail message. Having a hands-free intercom system would enable the physician to respond to outside callers or to staff without having to leave the patient. It is also important, and easy, to incorporate functions that prevent patients from making long-distance calls or listening to other conversations.

### Phones Must Be Used Wisely

The telephone's primary role in the medical office is to give the best possible patient service. Calls should be answered quickly and politely, and your staff should be trained in how to keep calls as brief as possible. Phones also interrupt the flow of other office work, however. Ensure that your staff members have some time during regular office hours that does not require time to answer phones. For example, turning phones over to voicemail, an answering machine or answering service from 11:30 a.m. to 1:30 p.m., and then 30 minutes before the end of the work day, will enable your staff to have some uninterrupted time to attend to other tasks.

The most common arrangement for after-hours calls is to offer voicemail or an answering machine. It is important to change the message daily to inform callers when the office is open next, and how to obtain after-hours urgent medical attention. Although most systems can accept messages, it is more efficient (and medico-legally appropriate) to provide whatever information is necessary, and request that the caller phone back the next day; it is time-consuming for staff to retrieve voicemail messages, and in most cases, a return telephone call would be necessary anyway. Therefore, it is advised that the only messages that patients are allowed to leave are to cancel an appointment. Clarify that all other requests must be made via phone during regular office hours. Some physicians choose to employ an answering service, but be aware that most charge by the number of calls received—something you have no control over.

### **Special Telephone Features**

Think about how you expect your office to work as you evaluate the potential effectiveness of special features, such as line groupings and a rollover option, speed dial, hands-free intercom and headsets, automatic phone triage via voicemail system, call forward and conference calling, and having a single phone number for office and cellular phone. There are many other features to choose from, but these are some of the most common in medical offices.

**Line groupings** enable multiple phone lines to be served by a single phone number—so five family doctors, for example, can have five incoming lines that use the same common clinic number. Given the convenience that this offers patients and other callers, it is well worth the small monthly charge.

**Rollover options** permit an incoming call to roll over to another distinct line that is not in use, reducing busy signals.

**Speed-dial** is a time-saver for frequently called numbers, such as colleagues, hospitals, labs and pharmacies.

**Intercom** and **call transfer** to exam rooms can be very time efficient, as long as confidentiality protocols are strictly observed.

**Hands-free headsets** generally increase efficiency for staff who must multi-task, particularly in offices where the person answering the phone also needs both hands to run a computer station and help to usher patients to exam areas. Headsets also reduce repetitive neck strain injury.

We have all experienced **automated phone triage systems** when we have called utility companies and other business offices. In medical practice, voicemail triage of all incoming calls is very effective and efficient—even for solo practices. Callers can be triaged to different options for making appointments, cancelling appointments, booking procedures, getting general practice information or after-hours/emergency contact information, and so on. One excellent triage function allows patients to call outside of office hours or when the system is busy to cancel their appointments; if you use this option, however, you should also clarify whether it is the patient's responsibility to call back during regular office hours to rebook.

For medico-legal reasons, you are advised to clearly state that your office will not respond to any patient inquiries or messages left on the system. Imagine a message for urgent advice on a Friday afternoon that your staff does not pick up until Monday. Procedural specialists who offer diagnostic services, such as radiology and ultrasound, are well served by a voicemail triage function that allows callers to leave test requests and contact information for staff.

**Call forwarding** is useful for after-hours service and times when the physician is on call.

**Conference calling** is generally not that useful in medical practice, but can be helpful for multidisciplinary teams and telephone conferences with family members who are out of town.

For physicians who are often out of the office but need to remain in close touch, an integrated service that allows *one number* for both office and cellular phone can be very useful.

Because all calls that come into the office must be answered, you may find that *call display* and *caller identification* are not useful features.

Good technical support and advantageous pricing are also important considerations.

### **Fax Machines, Photocopiers And Scanners**

Used for such routine tasks as requesting consultations, booking diagnostic procedures, transmitting or receiving test results, and communicating with pharmacies, fax technology has been a cost-effective and time-efficient addition to medical office communications.

Your office should use faxes instead of telephone calls whenever possible. Not only will you have a written record of the communication, both you and the recipient can deal with the fax when it is convenient. Because the fax machine will be used frequently, it should have a dedicated line. Speed dial is an essential function, and automatic redial, delayed transmission programming and auto-sizing are useful features.

Similarly, the photocopier has become an essential piece of office equipment. A common use is for copying and transferring medical records. Good-quality photocopies can reduce external printing costs, although commercial printing is typically cheaper for forms, pamphlets and patient information sheets that are used daily.

The fax machine and photocopier should be located in the reception area for maximum convenience. Although equipment that combines fax, photocopying and scanning technology is becoming less expensive and more common, most medical offices create too much volume for a multifunction machine to be practical. Unless yours is a low-volume office (e.g., a psychiatry practice), a multifunction machine may not be a good choice in the long term.

Scanners are essential for offices that utilize electronic medical records. Many diagnostic and laboratory centres, pharmacies, hospitals and physicians' offices do not have the capability to send all of their communications electronically, and these reports will need to be converted into electronic form for an EMR system.

### **Computers In The Medical Office**

Computers play an integral part in almost all medical practices today. Like most businesses, any medical office benefits from word processing and accounting software. In all provinces, computerized programs significantly ease the burden of submitting billings and reconciling payments. In provinces that issue health cards with a magnetic strip, maintaining a demographic database is as simple as swiping a patient's health card at every visit.

More offices are also using appointment scheduling software. Although the quality varies, good scheduling programs are very effective and offer several advantages. One is that appointments can be linked to the billing software to verify that every visit is billed. In addition, future appointments can be easily searched to verify whether and when the next visit is scheduled. Because information required for the appointment can be drawn from the patient database, it is easy and quick for staff to enter new appointments.

Now that computers are entrenched in medical office technology, they are being used for new and different purposes, as the following table indicates.

USES FOR COMPUTERS IN THE MEDICAL OFFICE	
Excellent for:	Increasingly used for:
▶ Word processing	▶ Communication
▶ Accounting	▶ Research
▶ Billing	▶ Voice recognition
▶ Demographic databases	▶ Encounter notes
▶ Appointment scheduling	▶ Tracking and audit of service delivery and targets
▶ Medical records	▶ Electronic medical records
▶ Clinical record keeping	

Few physicians are without access to email for personal home use, and more physician offices are linked to the internet. Because of medico-legal guidelines, security and remuneration concerns, caution is still recommended when considering direct patient-to-physician communication by email.

Being able to link to the hospital, office and home via the internet, however, allows for long-distance delivery of health services. For example, radiologists on call can review ultrasounds, CT and MRI scans on their home laptops, transmitted from hospital. The potential benefits of this electronic communication, or “e-health”, are still being explored. Access to the internet also makes it more practical for physicians to do research or to pursue continuing medical education from home or office, at their leisure.

The use of voice recognition software is increasing rapidly, especially among specialists. The doctors who benefit from this technology have invested time to familiarize themselves with the software, although most still have their staff review and edit the dictation. You may find it worthwhile to search out established physicians who are using this technology in their practices to learn more about its use in practice.

Systems that provide electronic linkage, tracking and audit capability between physicians and all allied healthcare professionals who participate in the delivery of patient care are essential for doctors who are remunerated by alternative payment plans (APPs). Shadow billing is generally mandated, and many of the comprehensive care bonuses proposed in primary care reform initiatives require accurate tracking of the services provided, not only by physicians but also by their staff, including telephone contact. Tracking non-clinical work, such as teaching, administration and research time, is also important. Physicians who participate in APPs need the ability to capture and submit shadow bills for all clinical services they provide or delegate in order to substantiate their workload and support contract negotiations.

### Key Message

*Physicians rely on their office communications equipment, computers and other technology. There are many resources available to help you determine your current and future needs.*

## Electronic Medical Records

The future of the medical office, of course, lies in the chartless office and electronic medical records (EMR). Major improvements have been made to EMR systems, and today better than 30% of Canadian physicians use some version of EMR. Implementation is becoming more affordable and, in some provinces, financial assistance is available to physicians who are willing to convert their paper charts to a computerized system.

Unfortunately, the degree of provincial government support and resources for EMR systems and electronic health service delivery varies widely across the country. A further complication is the lack of standardization and common formatting that currently exists between provinces. For example, a system that meets all of the Ontario requirements may require significant customization for Alberta. Accordingly, few EMR providers offer comprehensive national service; many suppliers are still small, regional companies, vying for your investment (see the Resources section, below). It has also been difficult to convince physicians who are already in practice to invest in EMR systems. They are understandably hesitant to make the significant investment of time and money for an EMR system that may not meet their future needs.

The willingness of new-entrant physicians to adopt EMR technology is driving change, however. It will be very important for you to ensure that any group you join is keen to consider implementation of an EMR system as soon as possible. As you prepare to enter practice, you should make the effort to learn what systems are available and how they are being utilized. It will be beneficial for you to test as many EMR systems as possible during residency.

More information about buying and implementing an electronic medical record system is offered in *Module 7: Electronic Medical Records*.

## GROUP PRACTICE AND ECONOMIES OF SCALE

Group practice yields economies of scale for the participating physicians. These are achieved in several ways, including:

- ▶ Lower staff to physician ratio
- ▶ Lower overhead cost per physician
- ▶ The ability to negotiate better prices for supplies
- ▶ Sharing of fixed-cost resources, such as office automation technology, medical equipment and communication tools
- ▶ Better quality equipment
- ▶ The ability to consider APPs

In most medical offices, staffing costs account for the largest portion of overhead expenses. Typically, a solo physician needs the equivalent of at least one full-time staff member just to have someone answer telephone inquiries during regular business hours and provide administrative or chaperone assistance. The efficiencies of group practice can enable doctors to staff their practices with a variety of staffing skills and wage levels. There are cost savings as well; when one doctor is out of the office, the staffing costs are shared by others.

Group practice also reduces the cost per physician of both supplies and capital equipment. By consuming larger quantities of supplies, the group can generally obtain better pricing. Expenses are also reduced by sharing fixed-cost resources, such as office automation technology, medical equipment and communications.

Sharing capital equipment not only reduces the cost per physician, but also offers the potential to obtain better quality tools to work with.

Because of these and other efficiencies, it is not surprising that most of the alternative payment plans offered by provincial governments require a group practice model. Being in a group will make it easier for you to consider these options.

## ACTION PLAN

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- ▶ **Evaluate the offices and clinics where you presently work as case examples.**
- ▶ **Ask physicians and staff what they like and what they would change or improve.**
- ▶ **Make notes and drawings of set-ups you like.**
- ▶ **Access the many resources that [cma.ca](http://cma.ca) offers.**

## RESOURCES

The following resources are available online at [cma.ca](http://cma.ca).

- ▶ **Hotline: 1 800 361-9151**
  - CMA members can get 60 minutes of free consultation with a practice management expert. Tell us what you need assistance with and, after analyzing your situation, one of our consultants will call you back within two business days with suggested solutions. We field inquiries on a wide range of issues, such as contracts, purchasing or selling a practice, leases, human resources, office operations and technology.
- ▶ ***Infection Control in the Office***
  - This document, published by the College of Physicians and Surgeons of Ontario, is available from the Publications section of [www.cpso.on.ca](http://www.cpso.on.ca).