

# Staffing – Part One

Hey, everybody, in this video we're going to talk about staffing needs for a lean, distributed functional medicine clinic. The quality of your staff is a major determinant of your success, and it can literally make or break your practice. In a future section, I'm going to share strategies and tips for hiring A players, from where to find them to how to screen them to how to interview them to how to check references. In this video, we're going to focus on the most important positions you'll need to hire, both starting out and then as you scale and grow.

One of the principles of a lean practice model is leveraging technology to reduce costs. When I first started my practice, for example, rather than renting a large space and hiring a front desk person, I subleased a room in a shared office, and in fact I still do this. All of the administrative tasks can be handled virtually via phone PBX, online PBX system, and the internet, either before or after the appointment, and this includes scheduling, communicating with the patient, ordering labs and supplements, and billing. Although this is not a typical model, I often get comments from patients on how much they appreciate the quiet and tranquility of my office when they arrive for an appointment. There's a code on the door, and they just come in and sit in the waiting room, which is really, again, peaceful and quiet, and then I come out and get them for the appointment, and it works really well. They appreciate the efficiency of it, and it just dramatically streamlines the practice.

So here's a diagram which compares a conventional practice with a lean practice model:

	CONVENTIONAL	LEAN
<b>OFFICE SPACE</b>	Multi-room office	Single room within shared office
<b>STAFF</b>	Works in the office	Distributed virtually
<b>SUPPLEMENTS</b>	Stocked in the office	Drop-shipped from vendors
<b>LABS</b>	Kits stocked in office; phlebotomist on site	Kits drop-shipped from lab; patients sent to draw station
<b>BILLING &amp; ADMIN</b>	Happens in office after appointment	Handled by distributed staff before or after appointment
<b>SCHEDULING</b>	Staff schedules appointments on the phone	Patients self-schedule using online calendar
<b>COMMUNICATION</b>	Mostly phone; staff answers calls during business hours	EHR & phone; calls returned at specific times of day
<b>RECORDS</b>	Paper-based	EHR

And I'm not arguing that lean is necessarily better than the conventional, and the ideal is probably a hybrid, and that's in fact what we're working toward at California Center for Functional Medicine. But the lean model, I think, is definitely a better starting place for most functional medicine practitioners, especially when you're starting off practicing on your own. So let's just go through the chart here. In terms of office space, the conventional practice, as I mentioned, would be getting a whole building, having a multi-room office, whereas in a lean practice you might rent a single room within a shared office space. In a conventional practice, the staff will be sitting there working in the office, which means you need to purchase the equipment for them and provide a space for them to work and overhead associated with that, whereas in a lean practice your staff can be distributed virtually. They don't even have to be in the same city—they can work elsewhere in your state or even elsewhere in the country. For us, we have about 13 or 14 employees now; I think over 50% of them certainly work in California, but we do have an employee in Pennsylvania, we've got one in Las Vegas, and so they can actually be distributed elsewhere.

Supplements: in the conventional model, you might stock them in the office and the patient can pick them up on the way out. There certainly are some advantages to this. It makes it easier on the patient in a lot of ways, but then of course you have to create space to stock the inventory in the office, you have to order the inventory, make sure that you've got enough on hand, you have to deal with expired inventory, which can be costly, so the lean model here is to drop-ship supplements directly from vendors. There are some pros and cons of this certainly; it's a lot more convenient for you as a clinician. You don't have to deal with stocking inventory or worrying about if things are in stock or expired inventory. The downside is that the shipping costs can really add up, especially if you're shipping supplements from multiple vendors, which isn't uncommon if you're using a lot of different supplements for different protocols. We've been dealing with this for the past several years, and actually the solution that I have come up with is to create an online store that stocks what we use at CCFM for our protocols so that the patients can order online themselves from one single store instead of having to pay multiple shipping charges, so it really is kind of the best of both worlds, and I'm going to be giving clinicians access to that, giving all of you access to that store so you can send your patients to it and earn a commission on those orders.

So in terms of labs, again the conventional model is to have the kits stocked in your office or a phlebotomist onsite to do blood draws for blood work. Similar to the supplements, there's some convenience there certainly for the patient, but it's a space consideration and then you have to hire a phlebotomist and have them onsite for all patient visits. In a lean model, kits can be drop-shipped from the lab directly or you can send patients to LabCorp or Quest blood draw stations, or whatever appropriate blood draw station is required.

In terms of billing and administration, in a conventional model this would happen at the front desk in the office after an appointment, you'd have to have space for that and you'd pretty much have to have a full-time person or more sitting in the office with full equipment ready to this after the appointment. Again, there's nothing wrong with this, there's some convenience, advantages for the patient, but it definitely creates a busier environment and a lot more overhead when you're just getting started. In the lean model, this can be handled by staff that's distributed, working from their home offices, before or after the appointment.

Conventional scheduling, the staff would schedule the appointments on the phone, the patient calls up the clinic and schedules the appointment. You'd be amazed, unless you're already doing this or you're just starting out, you'd be amazed at how time-consuming that can be, the back and forth and leaving messages. These days, as I'm sure you know, it's really hard to reach people on the phone, so that can actually just turn into a massive time commitment, and you're of course paying your staff for that time. Now there are online calendar systems that are quite sophisticated. The electronic health record MDHQ that I'm going to recommend and we're going to be talking about has a built-in scheduling system, so your patients can self-schedule using an online calendar, they can manage their own appointments, cancel them, change them. We use this system and our patients really love it. A caveat we're going to be talking about later is, we schedule the patient's initial consult and case review appointment because there are some special considerations for those appointments, but later on for all the established patient visits and follow-ups, the patients themselves schedule.

In terms of communication, the conventional model might be phone only and perhaps fax, with the staff answering calls during business hours. I know a lot of clinics that are still paper-based, and the only way you can reach a clinician is by calling and leaving a message with the nurse practitioner or perhaps faxing a question in, and you might be lucky to get an answer a week later that's one or two lines. Unfortunately, that is how a lot of clinics are still operating. The lean distributed model would be to use an electronic health record like MDHQ and an online PBX system, which is a phone system which offers several different extensions and it sounds identical to a physical clinic phone system where the patient calls in and there's a basic greeting and then several extensions, and you can set up a system where calls are returned at specific times of day instead of having someone sitting there answering the phone all day. Again, pros and cons to both systems, but I think when you're starting out and you don't have the resources to employ someone full-time to do that, it's a smarter way to handle things.

Finally, records, we already covered this really but conventional tends to be paper-based, whereas in a lean practice you definitely want to utilize an electronic health record.