

How to make hybrid work schedules effective in your private practice

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Len Strazewski

Contributing News Writer

When the COVID-19 pandemic hit more than two years ago, working remotely became a medical necessity, protecting administrative staff, patients and families from SARS-CoV-2. But as infection rates dropped, many physician practices continued to assign staff to work from home.

After some trial and error, physician practices discovered that home scheduling—managed well—can be efficient as well as healthy, according to Taylor Johnson, the AMA’s manager of physician practice management development.

When the pandemic started, Johnson was working as manager of a private practice and was responsible for establishing its work-at-home policies and procedures.

“It was important to build a fluid program that would respond to our needs and changes during the early stages of the pandemic,” she explained.

Communication was key, Johnson said. “What were our expectations? We needed to keep clear lines of communications as our policy and systems evolved.”

How work-from-home helps now

Now Johnson and her colleagues at the AMA have created a comprehensive guide to help private practices implement their work-from-home programs (PDF) at this stage of the pandemic.

The guide helps private physician practices identify and implement work-from-home positions for administrative staff. Implementation of such positions in health care has several benefits, such as recruiting and retaining staff and helping medical practices compete with other industries for talent.

There are several other benefits to work-from-home scheduling, according to the guide:

- Physical distancing compliance during potential virus surges.
- Potential decrease in overhead (e.g., office space, parking).
- Improved employee satisfaction.
- Support for colleagues in the office who may be experiencing burnout or fatigue.
- Recruitment and retention advantages.

Process is important, and the guide recommends that private practices identify the purpose and scope of a work-at-home policy. The policy should also specify which kinds of work can be performed remotely and what kind of schedule will be allowed, including, of course, proper handling of telehealth visits.

“Will you allow physicians, midlevel providers, and technicians to perform telehealth visits from home?” asks the guide. “Have you reviewed your payor contracts to ensure compliance with billing and visit locations? Have you reviewed insurance policies and Medicare coverage policies for telehealth visits?”

The guide recommends practices emphasize planning and process, including how work will be organized, what expectations will be used to evaluate employees and what technology tools will be used to communicate and execute tasks.

It takes astute clinical judgment as well as a commitment to collaboration and solving challenging problems to succeed in independent settings that are often fluid, and the AMA offers the resources and support physicians need to both start and sustain success in private practice.

Find out more about the AMA Private Practice Physicians Section, which seeks to preserve the freedom, independence and integrity of private practice.

Morning check-ins, messaging

At the private practice she managed, Johnson established a morning check-in policy. Employees, wherever they were, would spend 10 or 15 minutes each morning bringing each other up to date on their schedule and tasks for the day.

The practice also used a messaging system to manage remote workers. “Being able to exchange information efficiently is critical,” she said, and the amount of information contained in a private practice is immense, extending beyond medical records and protected health information.

“Billing, financial transactions and other tasks that contain nonmedical information are some of the responsibilities given to remote employees.” Johnson said. “Much of our activity involves communicating with insurance companies and other service providers from 7 a.m. to 5 p.m., so we needed to maintain ways for employees to continue that flow.”

Staff was generally responsive and embraced working at home, helping transfer routine appointments and prescription drug renewals to the remote process. Helping patients with telehealth, especially those who were older and less tech savvy, posed a bigger challenge.

Even for physician practices that have made a successful transition to hybrid work-from-home schedules at this stage, policies and procedures must keep evolving as your staff identifies new needs.

“Don’t assume everyone knows everything about staff responsibilities and procedures. And always have open lines of communication,” Johnson said.