



Clinical



Reputation  
Management

Essential KPIs to Optimize  
Your Practice and Bolster  
Patient Satisfaction



# TOP 40 KPIs



Front Desk

Important metrics in key  
discipline areas of your practice  
can help in your quest for  
continuous improvement in the  
near and long term.



Billing &  
Revenue Cycle  
Management



Early Autumn is the perfect time to start next year's strategic planning. Take stock of your practice and analyze areas you excelled in, as well as identify others where improvement is needed. Setting concrete and actionable goals for the year ahead is an important step in the quest for continuous improvement.

Physicians focused on continuous improvement are automating their practices with Electronic Health Record (EHR) technology solutions, which streamline important areas of the practice such as front-desk duties and billing/revenue cycle management. The right technology also offers critical information about the quality of clinical care you are providing patients and the reputation of your practice in the marketplace.

While few can argue that technology and the data it produces are important to any business today, all data and insights are not equal. It is so easy to get mired and overwhelmed by the sea of data available. Before setting your improvement strategy for the year ahead, it is a good idea to identify, review and track the Key Performance Indicators (KPIs) vital to your practice.

KPIs are powerful because they take complex business factors and represent them as numbers over time, which can be analyzed, controlled and optimized. To put it another way, once you measure something, you can then manage and improve it.

To help segment the performance analysis of your practice, we have identified 40 of the most important KPIs by business domain – Front Desk, Billing/Revenue Cycle Management, Clinical and Reputation Management – so you can create and customize your own scorecard for continuous improvement.

Some KPIs you will track monthly, while others can be tracked weekly and, in some cases, daily. Every practice has its nuances and will have to decide which KPIs are most important to track and how often to view each selected KPI in order to stay on track.

Ideally, you want to select just a few low-performing KPIs in each domain that resonate with your strategic improvement goals. Identify where you have the biggest negative performance gaps and focus on them first.

## FRONT DESK

01

PATIENT IN-OFFICE  
WAIT TIME

**30%**

have actually left a doctor's appointment after arriving and experiencing a long wait

**1 in 5**

switched doctors because of long wait times <sup>[1]</sup>

**Five-Star  
rating**

**have wait times of less than 15 minutes.**

Decreased wait times also mean a steady throughput of patients, which increases efficiency, and allows your practice to see a higher volume of patients per day, boosting your billings without increasing your hours worked.

The front desk is the first point of contact and impression your practice makes with existing and new patients. Measuring the performance of your staff and the execution of important tasks they undertake is vital to identifying if there are any performance issues getting in the way of high patient satisfaction scores.

The front desk KPIs typically include metrics dealing with patient contact and paperwork conducted before the appointment, the waiting room experience and check-out procedures after the doctor appointment.

KPIs that focus on the patient experience and satisfaction should be paramount to any practice. Doctors offices are no different than any other customer-facing business – happy customers are a sign of a vibrant and growing practice that listens to its patients. Happy and satisfied patients are the lifeblood of a practice because they return and also recommend new patients to your practice.

Long wait times are the number 1 patient complaint and very costly for physicians (in the form of lost patients or negative reviews which can damage your reputation over time). This is one of the most controllable KPIs to manage with the right software and processes. Compressing the average wait time between checking in and seeing a doctor will improve patient satisfaction, and provide insights into staffing and scheduling.

SOURCE:

<sup>[1]</sup>Vitals' 9th annual Physician Wait Time Report -- <https://www.fiercehealthcare.com/practices/ppatients-switched-doctors-long-wait-times-vitals>

## FRONT DESK

2

SCHEDULE  
DENSITY

Scheduling too densely increases the chance of long in-office wait times and minimizes your chance of attracting new patients if they have to wait weeks for an appointment. It is about balance - patients need to be able to see the doctor in a timely manner (since most people make appointments only when there is something wrong), but not wait too long once they get there. Think of this as the number of patients served, and how you space your scheduling on a daily and weekly basis.

3

PERCENTAGE  
OF ELECTRONIC  
HEALTH RECORDS

An EHR metric indicates how technologically advanced your patient record system is. The goal should be to get this figure to 100 percent to fully optimize operations and elevate patient satisfaction. It also enhances your ability to track MACRA payment tracks, adherence to HIPAA and PCR and myriad other regulations and processes.

4

CONFIRMATION AND  
NO-SHOW RATES

Increasing appointment confirmation rates is a vital step to reduce patient no-shows. Knowing your average no-show rate enables the practice to plan to better fill those anticipated schedule holes with more new patients and last-minute appointments. Automated appointment-reminder messaging tied to your EHR system will significantly reduce no shows.

5

PATIENT PHONE  
WAIT TIMES

Accessibility by phone sets the stage for the patient experience in the office. Not surprisingly, long wait times on the phone also can result in lost business. Offering patients digital appointment scheduling will reduce phone wait times and help your practice operate more efficiently with less no-shows and more flexibility to add last minute appointments for patients in urgent need.

6

CHECK-IN  
EFFICIENCY

This tells you how much time it takes to check a patient in and complete pre-visit paperwork. Information collected through a virtual front desk prior to the appointment can dramatically improve check-in efficiency.

7

NUMBER OF  
PATIENTS SERVED  
PER MONTH

Tracking the total number of patients that receive care each month is a key indicator of practice growth or contraction. Identifying early signs and patterns of growth or contraction can flag both positive and negative practices in your office. It can also inform you of natural busy and light cycles in your practice; perhaps during lighter cycles your practice can focus on staff training or system upgrades, etc.



# FRONT DESK

## 08 NUMBER OF NEW PATIENTS SERVED PER MONTH

It is important to measure the number of first-time patients that receive care each month. The steady addition of new patients to a practice is indicative of healthy organic growth, which is vital to the longevity of any business.

## 09 NUMBER OF PATIENT REFERRALS



You will want to track inbound and outbound referrals – the number of patient referrals you receive from other physicians and the number of patients referred by your practice to another facility. Patient referrals from other patients should also be tracked.

## 10 STAFF TIME SPENT ENTERING DATA/CHARTING



The exam room is where the bulk of value-added interactions occur, but it only takes up a small portion of a total appointment time (from walking in the door to walking out). Any measures to improve the efficiency and accuracy of staff charting, which also boosts the amount of time patients interact directly with their doctor, will improve the patient experience and their overall satisfaction. Importantly, it will improve physician job satisfaction as well.

## 11 DOCTOR-CARE-TO-PAPERWORK RATIO

On Average, physicians only spend **27%** of their office day on direct clinical face time with patients, while nearly **50%** of their day is taken up by EHR and other desk work.

When actually in the examination room with patients, physicians spend **ONLY 50%** of that time directly talking with patients<sup>[2]</sup>.  
Improving direct patient interaction time will result in higher patient satisfaction, referrals and positive “word-of-mouth” marketing.

## 12 PERCENTAGE OF PATIENTS WHO FOUND PAPERWORK TO BE CLEAR AND EASY TO UNDERSTAND

This is an important metric for both paper and automated EHR forms. Is time being wasted during check in with questions or forms that are liked out wrong? Derive a way to evaluate the clarity of your paperwork, such as a question at the end of the forms, or tracking when people need assistance. Your patients will give you good ideas for improvement if you take the time to ask them and listen to their advice.

## 13 PATIENT CARE AUTOMATION (I.E. PAPER WORK REQUIRED)

If your patients are walking out of your office with a myriad of paper forms and educational information, you are missing a real opportunity to streamline your operations with your EHR while improving patient communication and care. Take advantage of your patient portal and drive engagement there through patient education and forms. Your practice will get the added benefit of saving time with printing and seeing what is and what is not working in your patient portal interface.

SOURCE: <sup>[1]</sup> Advisory Board -- [https://www.advisory.com/daily-briefing/2016/09/08/documentation-time?wt.mc\\_](https://www.advisory.com/daily-briefing/2016/09/08/documentation-time?wt.mc_)

## »»»» BILLING & REVENUE CYCLE MANAGEMENT

This area of your practice has the most trackable KPIs, but it is easy to get lost in the data maze and lose focus on what is most important to your practice by chasing too many KPIs at once. Without question, tightening up even a few of these performance areas will directly impact the efficiency and profitability of your practice.

Medical billing and coding is one of the most time-consuming tasks handled in a medical office. It is also where many costly errors are made. From processing claims to invoicing and reporting metrics, medical billing software modules are a great way to optimizing financial information management.

Delays in insurance and patient payment, for example, can be very costly to a practice, especially if staff and physician errors are to blame. These types of errors can also indicate a need for more training or tightening of procedural safeguards to minimize similar errors in the future.

14

NET COLLECTIONS  
RATE

Many practices only track billing, but not all bills get paid. It is critical to track your receivables in order to get a clear picture of your revenue. Unlike gross collections rate, the net figure excludes write-offs from the payments you receive and reveals the percentage of total potential reimbursement collected from the total allowed amount.

15

TOTAL OPERATING  
MARGIN

This metric demonstrates a practice's operating efficiency and ultimately can inform your future pricing strategy. If your margins are too thin, there could be certain legacy services that are costing your practice more than they are worth. Identifying and minimizing, or eliminating, those non-core services – or increasing their prices – could make a significant difference to your operation.

16

AVERAGE INSURANCE  
CLAIM PROCESSING  
TIME & COST

This KPI averages the amount of time a practice spends processing insurance claims. The faster claims are processed the lower the cost to the practice. Accuracy and speed are a winning combination.

17

AVERAGE COST  
PER PATIENT

This averages the cost that a practice incurs per patient visit. This is imperative to the lifeblood of the practice to ensure billings significantly outpace costs. A strong handle on this metric can also influence future scheduling and pricing strategies.

18

CLAIMS REJECTION  
RATE

Few KPIs provides as much insight into the effectiveness of the organization's revenue cycle as this one. A low claims-denial rate means the practice has more time to focus on patient care and less time on paperwork.

19

AVERAGE  
INSURANCE CLAIM  
PROCESSING TIME  
& COST

The goal should always be 100 percent collection on co-pays and out-of-pocket payments from the patient, ideally at the front desk upon check-in or check-out so they don't slip through the cracks.

## »»»» BILLING & REVENUE CYCLE MANAGEMENT

20  
AVERAGE  
TREATMENT CHARGE

Reviewing the types of services you provide patients most often and how much you collect from them can shed light on where you should focus your time and efforts in the future. For example, if you can make more on one procedure than another but volume is lower, then perhaps the practice should focus on bringing in more of those high-value patients.

21  
PERCENTAGE  
OF PATIENTS  
WITHOUT MEDICAL  
INSURANCE

A disproportionate percentage of patients that do not have any medical insurance could overtax a practice. Knowing your practice's threshold and managing to that level, or below, will protect the financial health of your practice.

22  
TIME GAP  
BETWEEN THE  
DATE OF SERVICE  
AND DATE BILLED

Monitoring this data regularly and tightening up the time gap will improve overall revenue cycle management and profit.

23  
PERCENTAGE OF  
CLAIMS DENIED  
OVERALL, AND BY  
PAYER

Staying on top of denied claims is imperative, but knowing which payers are the biggest culprits can help the billing department appropriately focus attention and remedies in the right place.

24  
PERCENTAGE OF  
CLAIMS DENIED  
DUE TO FRONT-END  
ERRORS VS CODING  
OVERSIGHTS

Claim errors are costly and these metrics will enable a practice to identify where the errors are taking place so that they can more quickly close the gap.

25  
PERCENTAGE OF  
PATIENTS WITH  
PUBLIC VS PRIVATE  
INSURANCE

Balancing the ratio of public- versus private-insured patients will also help safeguard the financial health of your practice.

»»»» 26 PERCENTAGE OF NO-RESPONSE CLAIMS OVERALL, AND BY PAYER

No news, in this case, is bad news. Identifying and communicating with non-responsive payers as early as possible will enable claims to be corrected and re-processed swiftly. A practice might also choose to put a repeatedly non-responsive payer on notice for discontinuation of business.



## »»»» CLINICAL

The goal of any practice should be to spend more quality clinical time face-to-face with patients talking about their health care. When the average time spent in the waiting room exceeds the time spent with a doctor, it is no wonder patients get frustrated with their level of care.

Make sure that you are aware of your physician time allocations, and that you work to improve the care-to-paperwork ratio. Charting should not take up the majority of a physician's valuable time. A good place to start is a 50-50 split, and improve from there.

The KPIs below are focused on patient care, increasing patient care hours and retention rates, communication and post-exam follow up and compliance with treatment plans. A strong EHR system and good staff enables a practice to focus on what should be its number 1 priority – quality patient care. That care will drive high patient satisfaction and return visits, positive reviews and referrals to friends and family.

### 27 PATIENT CARE HOURS

»»»»» With quality patient care being the Holy Grail of a medical practice, measuring the amount of time physicians and other healthcare workers spend directly with patients is vital. Try to see your practice from the patient's point of view where the check-in paperwork and check-out process is seen as an annoyance but necessary aspect of preparing to see a doctor – a doctor who will listen to their needs and helps them.



### 28 NUMBER OF PATIENT REFERRALS

»»»»» This important metric tracks how many patients come back to the practice for another unrelated visit. If this number is low, it could be a strong indicator of patient dissatisfaction and loss of confidence. Implementing short periodic patient satisfaction surveys could help identify why retention is low and areas to improve.

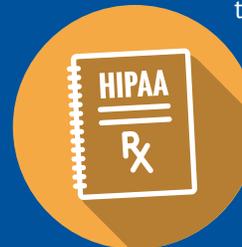


### 29 PATIENT TRANSACTION

»»»»» This efficiency metric tracks the number of patient transactions during a selected reporting period, which will enable a practice to compare patient transaction volume to comparable periods in the prior year, last month, last week, etc.

### 30 PATIENT CONFIDENTIALITY

»»»»» Measures how often patients' confidential medical records are compromised and seen by an unapproved party. There should be zero tolerance for such compromises by any practice, which should at all times be in compliance with HIPAA laws. Identifying breaches is step one; taking immediate action to remedy the breach and learn how it happened will reduce the chances of similar breaches happening again in the future.



## »»»» CLINICAL KPIs



### 31 PATIENT FOLLOW-UP

Measures the number of patients who receive follow-up, when necessary, after their visit to the practice, especially after treatment or post-procedure/surgery. This can also improve adherence-to-treatment-plan metrics and reduce post-treatment complications.

### 32 RATE OF COMPLICATIONS

Indicates how many patients have complications related to the care or procedures they received at your practice. This can help more quickly identify problem areas requiring swift remedy. Strong and consistent patient follow-up after procedures can significantly reduce complications as well.

### 33 PATIENT ADHERENCE TO TREATMENT PLAN

Calculates the percentage of patients that listen to and follow the health provider's treatment plan. Identifying the cause of low adherence is imperative to improving it. Perhaps communication is not clear, patient follow-up is low, prescription drug side effects intolerable, etc.

### 34 COMMUNICATION BETWEEN PRIMARY CARE PHYSICIAN, SPECIALISTS & PATIENT

This metric tells you how often various parties are in communication with one another, increasing the quality and total care of the patient. A sound EHR system can better support total patient care and increase communication among all practitioners involved with each patient's diagnosis and treatment.

# REPUTATION MANAGEMENT

Few things are more important to a practice's success than the reputation of both the practice and physicians, especially in the digital and social media age where bad news and bad reviews travel much faster than positive ones.

There are many ways in which you can manage your reputation, which begins primarily with patient engagement. How can you connect more personally with your patients? How can you and your practice become more engaged in your patients' (and their families') overall healthcare, including wellness and prevention. How can you provide personal and memorable care? How can you be more accessible, caring, empathetic and responsive?

Focus on these areas in your practice – and also engage with your patients online, via social media and text – and a strong reputation is likely to follow.

The following KPIs are just a few of the most important aspects of managing your reputation, and are a great place to start the conversation on a whole new level with your patients.

**35**  
PERCENTAGE OF  
PATIENTS USING THE  
PORTAL

Understanding how many patients use the patient portal for updates, doctors notes, pre-appointment screening and communication with their doctor is one important indication of patient engagement. The more patients that use the portal can also streamline important operations and makes the practice more efficient. Using the portal to engage patients in other ways – informative articles, social media links and personal stories that make physicians more approachable – helps patients feel more connected.

**36**  
OVERALL PATIENT  
SATISFACTION  
SCORE WITH THE  
PRACTICE

Surveying patients after a visit is the best way to know for sure how satisfied patients are with your services. High satisfaction scores can be a great marketing tool (and yield valuable testimonials and online reviews) for your practice, and can also highlight areas that need improvement. If you receive harsh criticism from a patient who leaves their name, be sure to reach out and quell the negative feelings and experience as much as possible by first listening and then offering remedy, if there is one.



**37**  
PATIENT  
SATISFACTION  
WITH SPECIFIC  
PHYSICIAN(S)

Evaluating individual physicians and their clinical care is vital to continuous improvement and growing your practice and its reputation. Patient satisfaction surveys should include questions about the specific physicians visited so their performance can be tracked over time. It is important to review survey questions at least annually to ensure relevance.



**38**  
NUMBER OF  
POSITIVE AND  
NEGATIVE ONLINE  
REVIEWS

Do not be afraid to ask your most loyal and happy patients to post online reviews, which are a vital feature that most people today rely on before selecting anything from retail merchandise to medical services. These can be posted to your website, portal and/or on your social media pages, including Facebook, Google and others. And be sure to respond to all comments and reviews posted, the positive and the negative. Thank your fans and try to address your detractors with a brief heartfelt response that you can then take offline to a private messaging forum such as email, text or better yet, the phone, for resolution.

**39**  
NUMBER OF SOCIAL  
MEDIA FOLLOWERS



Some patients may rely solely on social media posts and reviews as a means of finding and evaluating your practice and physicians. If your practice does not engage on social media yet, start small and build it out with weekly posts that can become more frequent. Post information that patients need to know about health and wellness and about you and your practice. Show the fun and human side of your practice! In time, your followers and likes will increase as will your connection to your patients.

**40**  
NUMBER  
OF PATIENT  
COMPLAINTS FILED

You must understand the number of complaints filed by patients before, during, or after their time of care. Be sure to have a way for patients to provide feedback in your office in addition to patient periodic surveys. You also want to stay on top of any complaints patients may file with regulatory agencies, insurance companies and/or professional organizations.

# TOP 40 KPIs

This rounds out our Top 40 KPIs. As you peruse these metrics, think about which 4 or 5 you want to focus on improving in the coming year. Perhaps your biggest weakness is in billing and revenue cycle management, or maybe it is reputation management. The weakest aspect is where your practice should focus its energy for change management.

If your practice is doing okay overall, you can still improve! Perhaps focus on patient engagement and pick a few metrics from Clinical and Reputation Management. Every practice will have different strengths and weaknesses, as well as varied goals and objectives. Select the KPIs to track that speak to the vision you have for your practice and your objectives for 2020.

And remember, if you measure it, only then can you manage and improve it. This can seem overwhelming, so take it one step at a time, and if you need a bit more guidance, WRS Health can help. Speak with one of our Practice Optimization Specialists about your goals and they can help you not only set KPIs, but also measure them and recommend ways to improve upon your current results.

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CALL (866) 977-4367 x723