

CASE STUDY

structuring for

A policy evaluation
of the creation of
individual care teams

Success

By Varun Kilaru

The global COVID-19 pandemic was unprecedented in its repercussions, affecting healthcare systems of all sizes, but particularly clinics with limited resources.

Here, we assess one clinic's innovative policy to help mitigate receptionist burnout and delayed patient care through the development of individualized care teams. Altering the front desk to allow for one patient service representative (PSR) per provider, the clinic hoped to simplify communication, increase patient and employee satisfaction, and lower wait times. Utilizing a mixed approach, this study measures the effectiveness of the implemented policy by measuring the financial impact, patient satisfaction, and well-being of employees.

Introduction

During the COVID-19 pandemic, small clinics with limited resources struggled to meet the demands of patients at unparalleled volumes. One of the most significant issues associated with these demands was the immense burnout faced by PSRs.

Extensive working hours coupled with a seemingly infinite number of patients was a recipe for disaster. More than half of front desk workers reported feelings of complete burnout.¹ As the pandemic raged on, increases in the number of backlogs led to greater wait times and higher levels of patient animosity. The communication between PSRs and providers, which was already strained, was now even worse. Prior to the pandemic, PSRs would attend calls for multiple providers and schedule patient appointments. While the initial task was manageable, it simply became impossible during the pandemic.

Geography has a major impact on the workload of a clinic. If the clinic is near other outpatient systems, the load it faces is typically manageable. However, those in more isolated locations can face insurmountable levels of work.

The clinic in this study, which is situated within small, rural Marshall County in the middle of Tennessee, demonstrated this struggle. With an aging population and a few providers, the clinic needed to create a solution to mitigate the current challenges. The clinic's management team recognized the challenges and implemented a policy creating individualized care teams. Rather than having a PSR for three providers, the clinic decided to hire two more so that all providers had their own PSR. This change was intended to raise patient satisfaction as measured through Net Promoter

Table 1

Cost of Transition

Category	No. Item	Item Cost (\$)	Total Cost (\$)
Technology			
Drops	4	275	1,100
Virtual all-in-one	2	650	1,300
Monitors	4	160	640
Soundbars	4	25	100
Badge readers	2	150	300
Mouse and keyboard	4	65	260
Document scanners	2	1,000	2,000
Phones	4	500	2,000
Personnel			
Receptionist training			400
Full-time employees	2	42,000	84,000
Total			92,100

Score (NPS), reduce workload on PSRs, and accelerate communication among all members of the clinic.

Study Design

This case study utilized a mixed methods approach. Using both quantitative and qualitative data allowed the researcher to determine if feelings translated to fact. On the quantitative side, a cost-benefit analysis was created to determine the financial efficacy of the transition. By measuring the total input for the three providers of the clinic before and after the transition, the researcher could determine if the gained profit exceeded the initial start-up costs.

Another quantitative method was used to gauge patient satisfaction through feed trails of NPS. These data points served as a visual cue for measuring not only patient happiness, but possibly future success of the clinic.

A qualitative method was used to determine the feelings of employees related to the transition. A series of questions was asked to all levels of the clinic: PSRs, providers, and the hospital manager. The study measured whether they felt the transition was successful by coding the number of positive vs. negative points made.

Table 2

Patient Visits and Projected Revenue, 2022 vs. 2023

Metric	2022	2023	Net Difference
Dr. A			
Total visits	3,130	3,282	152
Projected revenue	\$829,450	\$869,730	\$40,280
Dr. B			
Total visits	3,014	3,482	468
Projected revenue	\$798,710	\$922,730	\$124,020
Dr. C			
Total visits	4,132	4,177	45
Projected revenue	\$1,094,980	\$1,106,905	\$11,925
All providers			
Total Visits	10,276	10,941	665
Projected revenue	\$2,723,140	\$2,899,365	\$176,225

Table 3

Net Change

Metric	Value (\$)
Change in revenue	176,255
Additional costs	92,100
Total profit	84,155

Table 4

NPS Scores, 2022 vs. 2023

Provider	2022 NPS Score	2023 NPS Score	Goal Met (Y/N)
Dr. A	92.28	95.11	Y
Dr. B	92.54	90.91	N
Dr. C	96.60	98.26	Y
Combined	94.02	95.05	Y

Participants

This study involved three providers, termed Doctor A, Doctor B, and Doctor C, for the purposes of this study. The PSR and clinic's manager who were surveyed with an interview are referred to as PSR 1 and Manager 1. No specific patients were spoken to or observed directly, but the NPS score acted as a general measure of all patient sentiments.

Procedure and Design

The study was conducted with three main steps, one for each of the study areas. Financial success was calculated by the clinic's startup costs and totaled in a chart. Clinic visit data and total number of visits in calendar years 2022 (before transition) and 2023 (after the changes were reviewed and measured). Using these data allowed for the calculation of total profit and determination of whether start-up costs were greater than profit following the transition.

A similar approach of analyzing and reformatting data was used for patient satisfaction, measured through the clinic's feed trail platform and NPS. The initial goal for the transition was to reach 95% percent satisfaction overall for all three providers. Data averages measure this goal. Using the industry average charge of \$265 per visit, the total number of visits per provider was multiplied in 2022 and 2023, and the data were compared.² To measure net profit, the start-up costs were subtracted from the revenue difference in the years.

Tables were created for both quantitative measures using the Social Sciences Statistics (SocSciStatistics) platform.

The final analysis was conducted by emailing the various survey groups a link to a Google form of neutrally phrased questions to be answered at the respondents' leisure but before survey close. All the data were tabulated and placed within a chart for further analysis.

Results/Analysis

Study results display the total tabulated costs of the transition (Table 1), as well as physician team earnings per provider between 2022 and 2023, the change in projected revenue, and total visits of all providers and their combined change in projected revenue (Table 2).

All providers demonstrated an increase in the number of patient visits from 2022, with a total of 665 more visits in 2023.

Table 5

Questionnaire Responses

Question	Manager 1 Response	PSR 1 Response	Dr. A Response
As a manager, was it easier or not for you, as you knew who to ask since there were specific care teams?	"Yes, it was much easier. I knew exactly which provider was working with which team. All the calls were more organized, and the receptionists had all the history ready."	N/A	N/A
How did this affect space within the office? As a result of hiring two more receptionists, did it take away from needed funds for other projects or employees such as more physicians, or did it boost in overall proficiency?	"The receptionists did take up some anticipated space, which made the area a bit cramped. However, the extra costs were worth it as everything became more seamless and thorough. One negative is when people are out sick, it gets hectic since it's a one-for-one system."	N/A	N/A
Did the transition help or not help you in your workload or stress levels?	N/A	"The transition was greatly beneficial in allowing me to do the work I needed to do, without worrying about it piling up."	N/A
Do you miss or not miss working for more than one doctor?	N/A	"Not really. Working with one doctor has allowed me to build a better rapport and understanding with the provider, which improves efficiency."	N/A
Do you feel secluded and separated or do you feel independent and free from the rest of the clinic?	N/A	"No, I feel more integrated with my team. Although we work more closely within our care teams, it feels like we are all working towards a common goal."	N/A
How has the transition affected your job satisfaction?	N/A	"My job satisfaction has improved. I feel more valued and part of a dedicated team, which makes my work more fulfilling."	N/A
Does having your own care team make you feel that you can focus on your job more?	N/A	N/A	"Absolutely. Having a dedicated team means I can focus more on patient care and less on administrative tasks, which has improved the quality of care I can provide."
Does working with the same people ever get irritating or is it nice not worrying about others? Do you wish you could work with more people?	N/A	N/A	"While working with the same team can sometimes become monotonous, the benefits of having a consistent team far outweigh any minor irritations. It allows for better teamwork."

This increase in patient visits would lead to a concurrent rise in the clinic's profit. Using the industry standard of \$265 charged per visit, the three providers would take in an estimated projected revenue of \$2,899,365 compared to the previous year's \$2,723,140, representing an increased revenue of approximately \$176,225. When factoring in the initial \$92,100 required for the transition, the clinic generated a total profit of \$84,155 for the transition (Table 3). This statistic suggests that the policy was an incredible fiscal success.

While the calendar year for 2024 has not been completed, the numbers are promising and suggest a similar increase in total profit.

Patient Satisfaction

The clinic uses the feed trail software and NPS scores to gauge patient satisfaction. After each visit, the clinic asks patients to fill out an anonymous survey on how satisfied they are with their visits and their likelihood of recommending their provider to someone else.

In the creation of the documentation for this policy, Doctor A and Doctor B hoped to reach a score of .95, or 95% percent patient satisfaction after policy implementation. The data suggest that while not all doctors met the goal of obtaining an NPS score of 95 or greater, the group of providers as a whole did meet that goal (Table 4). This suggests that the transition did not harm patient satisfaction, but rather boosted it. As a result, it seems the policy implemented was successful in the eyes of patients.

Qualitative Interviews

The final portion of this study assessed the sentiments of the clinic's employees as a result of the switch (Table 5).

The responses confirm a consensus. All three levels of employment, from administrator to provider to receptionist, were very happy with the change. From their perspective, the number of positive effects greatly exceed the drawbacks, making it clear that this policy was fruitful.

The PSR cited positives such as a balanced workload, increased job satisfaction, and increased communication skills. There were no specific drawbacks felt by this individual, who had been with the clinic before the transition began.

The clinic manager, a driving force in this operation, suggested that they felt the clinic was much easier to lead, as there was a more clear structure. One drawback they mentioned was regarding what happens when a member of the individual care team falls sick. This concern was later noted in face-to-face conversation, during which the manager suggested that other members of the team would typically go on PTO during those times. However, with the increased communication between members of the team, this issue was very manageable and not a serious problem.

In a worst-case scenario, the manager suggested that the other two PSRs could assist during that period. This arrangement would be still be better than pretransition, as each PSR would handle two providers rather than one for three doctors.

On the provider side, the strength of their team was mentioned as a serious benefit of this transition. While it could be monotonous working with the same people, the confidence and feeling of trust built was far more valuable. In short, all levels of employees communicated that this switch was highly effective and worthwhile.

Conclusion

A three-stage evaluation determined that implementation of the individualized care teams policy was successful at this clinic. From a financial perspective, this policy helped generate greater profit through an increased number of patient visits. While looking at patient satisfaction, the numbers illustrated that the policy was favorable with patients, and the initial goal of reaching a score an NPS of .95 was met. Qualitative questions demonstrated satisfaction with the switch. This study measures the success of a clinic's policy and serves as a basis to show the importance of individualized care teams within smaller medical practices. [GRJ](#)

Anonymity Statement

To comply with federal laws and privacy requests for all individuals involved, the names of the clinic, PSRs, providers, and clinic managers have been anonymized.

Acknowledgments

This paper involved the use of generative AI in the creation of figures. All research was conducted in accordance with OSHA and HIPAA regulations.

Varun Kilaru is a student at Ravenwood High School in Brentwood, TN, and director of Wealth Education Initiative.

References

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