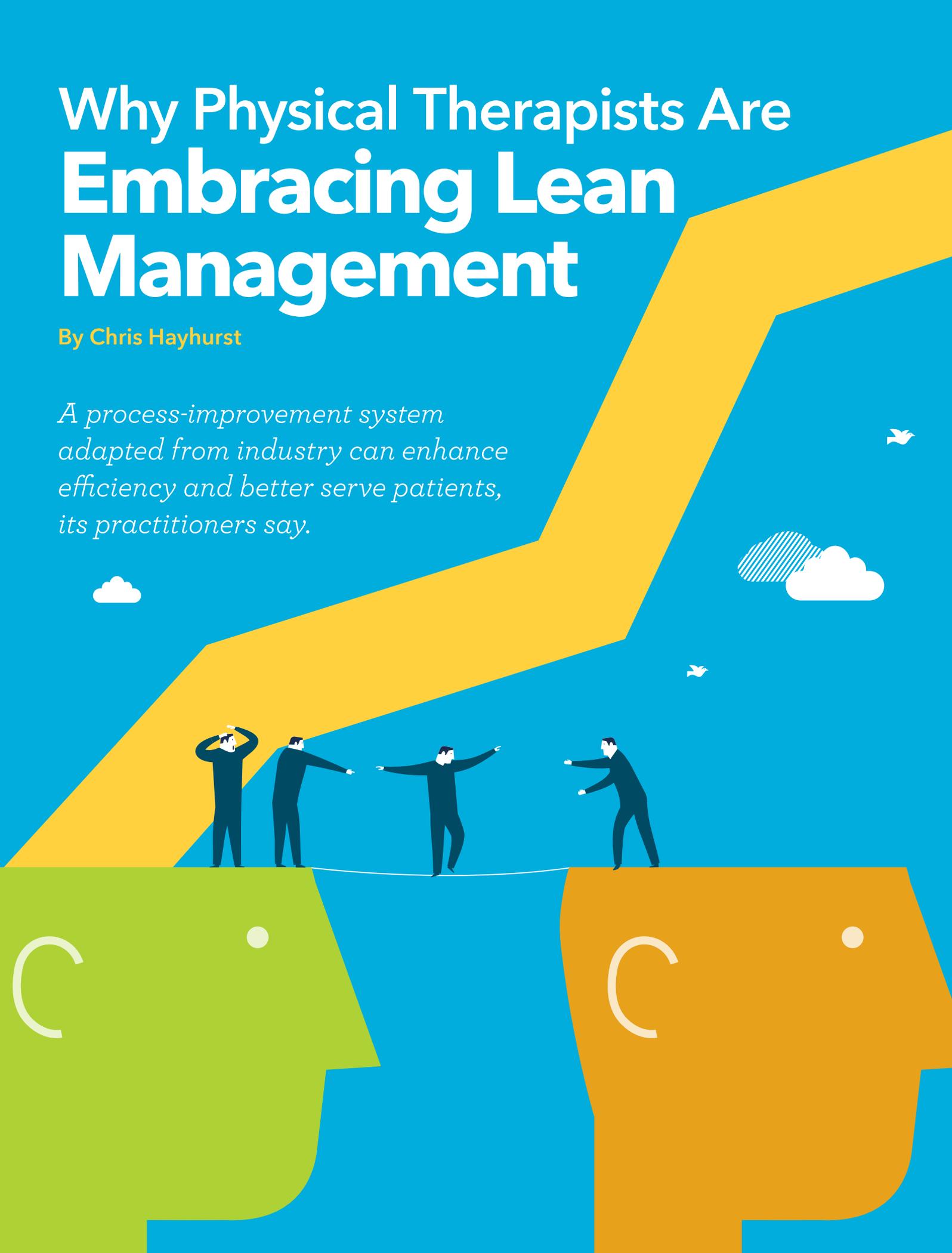


# Why Physical Therapists Are Embracing Lean Management

By Chris Hayhurst

*A process-improvement system adapted from industry can enhance efficiency and better serve patients, its practitioners say.*





Like other physical therapists (PTs), Dana Cartin, PT, MPA, goes to work each day hoping to make a difference in people's lives. That she manages to do so without ever treating patients is one of the reasons she finds her job so interesting.

Cartin, vice president of the New Jersey Chapter of APTA, was a clinician for years before deciding to change paths and pursue administration. Today, as director of program management and process improvement at JFK Health in the central part of the state, she spends her days engaging others who are engaged in patient care.

Process improvement entails “looking for changes we can make within our system to become more efficient,” Cartin says. One might go about that in all kinds of ways, but when she's working with PTs, physicians, or anyone else involved in patient care, the fact that she has a clinical background can be crucial. “I always try to see things from their perspective, so that when we're having discussions about how to eliminate waste, they know that I get it—that I've been in their shoes.”

It also helps that Cartin, who has extensive training in the “lean” approach to process improvement, sees waste elimination not as an opportunity to

tell health care providers how they should do their jobs, but, rather, as a highly effective way to enhance patient satisfaction. “That always should be the focus of going lean in health care,” she says. “In the end, whether it's a clinical process or an operational one, anything you do that is part of that process must create value for your customer.”

Cartin's emphasis on value for the customer is at the heart of the definition of value in health care presented by Michael Porter, PhD, in *The New England Journal of Medicine*.<sup>1</sup> He defines value “as the health outcomes achieved per dollar spent.” Cartin adds, “Value should always be defined around the customer, and in a well-functioning health care system, the creation of value for patients should determine the rewards for all other actors in the system. Since value depends on results, not inputs, value in health care is measured by the outcomes achieved, not the volume of services delivered, and shifting focus from volume to value is a central challenge.”

This commitment to the patient or client is particularly important in the midst of the many “volume vs value” discussions under way in health care. Companies are seeking ways to reduce costs in response to health care reforms and in anticipation of the ever-closer move away from fee for service and toward value-based care. Clinicians, including physical therapists and physical therapist assistants, are adamant that patient care decisions and the professional judgment of the clinician not be sacrificed in the process. (See “Integrity in Practice” on page 28.)

Lean terminology describes various process steps as “value added” (enhancing value), “nonvalue added” (adding no value), and “business value added” (required for the business but adding no value).

In the clinical world, Cartin notes, the patient is the customer. Value, therefore, depends on patient experience, as Porter asserts. Cartin adds that outcomes are greatly influenced by the amount of time the patient spends with actual caregivers. “In our case,” Cartin says, “we've done a number of things in our outpatient rehab department, but right now we're looking at the scheduling process.”

The goal is to minimize the amount of time any patient must wait to be seen once he or she has called to make an appointment. JFK Health's operational side would like that period to be 3 days or less, but that target has proven difficult to reach.

“We've therefore gone in and made observations—really looking at everything, from front to back,” Cartin says. This includes examining the department's intake procedure, its insurance-verification process, and even the performance of individual PTs who might become more efficient by changing some of their protocols.

By examining the records and crunching the numbers, and by spending time on the floor where the paperwork is handled and the care is administered,



Cartin and her colleagues hope to pinpoint precisely where the biggest efficiency gains eventually might be made. “There’s so much you can learn from simply watching processes, then looking at the data,” she says. “And if you do it right, with the support of the leadership of the department with which you’re working—or, if you’re in private practice, with buy-in from everyone in that clinic—it’s possible to make changes that have a real impact.”

## “Mindset” of Constant Improvement

Cartin is not the only PT using lean techniques to transform the way her health care organization works. At the 3 hospitals that are part of Beaumont Health System in Grosse Pointe, Royal Oak, and Troy, Michigan, Jose Kottoor, PT, MS, the program director for physical therapy and occupational therapy, is leading several lean initiatives to streamline processes in the departments he oversees.

Meanwhile, at Promedica Health System in Toledo, Ohio, Sandra Winterhalter, PT, MJ, director of performance improvement and compliance, is certified by the American Society for Quality in the Six Sigma process-improvement technique. She also holds a certificate in lean health care from the University of Michigan Center for Professional Development.

Even relatively small private practices, under enormous pressure from federal and private payers to decrease costs while maintaining quality of care, now are employing lean principles to improve workflows and operate more efficiently.



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Joseph LaPorta

“Lean is really a mindset, something that becomes part of your culture,” says Joseph LaPorta, president and chief executive officer of New Jersey-based Persante Health Care. “It’s all about continuous improvement—taking every functional area of your practice, business, department, or organization and continuously challenging everyone who is part of it to do things better.”

Lean as a management tool is considered to have originated at Toyota, then was widely adopted by the manufacturing sector, and only recently has spread to health care. LaPorta, who was introduced to lean practices earlier in his career when he worked with GE Healthcare, is, like Cartin, a Six Sigma “black belt”—1 step removed from the highest level of formal training (master black belt) a process-improvement professional can attain.

Dedicated “lean” initiatives, he notes, typically are led by someone like himself, and most often are employed in hospitals and health care systems that have significant resources. Lean-focused programs such as the one at JFK Health use an approach called value-stream mapping to identify workflow inefficiencies and pinpoint the steps in any given process that are bringing value to the patient.

“There’s a lot of collaboration between departments—a lot of analysis and looking at statistics,” LaPorta says. “It allows you to find the steps that are not providing value so you can eliminate them.”

LaPorta also addresses the importance of collaboration in creating value. He says, “Care for a medical condition (or

a patient population) usually involves multiple specialties and numerous interventions. Value for the patient is created by providers’ combined efforts over the full cycle of care....Accountability for value should be shared among the providers involved. Thus, rather than ‘focused factories’ concentrating on narrow groups of interventions, we need integrated practice units that are accountable for the total care for a medical condition and its complications.”

For smaller facilities, value-stream mapping and other intensive lean programs can be time consuming and prohibitively expensive, LaPorta concedes. Still, he says, lean thinking “definitely can be used at any facility concerned about such issues as shrinking reimbursements or therapy caps, or simply the need to provide the best care possible to the patient population.” Whether the PT is the lone clinician in an independent facility or part of a national network of 400 clinics, “anyone can benefit from a lean approach,” LaPorta says.

## Inside and Outside Perspectives

Health care reform—specifically, the ongoing push to meet Medicare mandates, form accountable care organizations, and generally shift away from fee-based services and toward reimbursement models that hinge on better outcomes—has, for many institutions, been the biggest impetus for embracing lean thinking. At Beaumont, Kottoor says, that certainly has been the case, as he and his colleagues constantly are “challenged to reduce our costs while improving care and access to our patients, and adding value to what we do.”

Toward this end, he says, they’ve had great success using a lean method called “kaizen,” in which incremental changes are made to a process and either accepted or rejected depending on the results. “A lot of observation is involved. You’re continuously making changes, but



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Jose Kottoor

they’re easy to reverse,” Kottoor explains. “If you do something that doesn’t lead to significant improvements, you go back to what you were doing before.”

In acute care, he says, this approach has led to the use of techs and aides to ensure that patients are prepared to be seen by their PTs at the scheduled times. Similarly, on the outpatient side, PTs now focus on skilled interventions while rehab aides handle ancillary tasks. Beaumont has modified and optimized its electronic medical record (EMR) system to reduce the amount of time PTs must spend on chart reviews.

Beaumont recently kicked off a pilot program it hopes will reduce waste due to cancelled appointments by giving patients more options in terms of when and where they’re seen. “A lot of our patients prefer to have the same therapist throughout their treatment, but a significant number also have indicated that appointment times are even more important to them,” Kottoor notes.

Beaumont maintains about 15 outpatient facilities offering physical therapist services. “So now we’re telling our patients,” Kottoor says, “if you want to come in and start your therapy today, you can, and you can make your appointments for whenever is most convenient for you. You just have to be willing to see different therapists.”

The key in every lean-related project is to “involve the people who are closest to the action, but also to have outsiders look at your processes with you,” Kottoor says. At Beaumont, those involved in lean-related projects “always invite somebody from finance, engineering, or some other department to get a fresh perspective on the work that we’re doing.”

Increasingly, Beaumont also is bringing ex-patients into the fold—asking them and their families for experience-based feedback. “It’s amazing what you can learn,” Kottoor says. “We get stuck in our standard ways of doing things and don’t even realize what we might be doing wrong.”

## Learn From Your Customers

That sense that the work one does every day may benefit from unbiased observation is shared wholeheartedly by Promedica’s Winterhalter. Lean, she says, is largely about getting one’s front-line workers—physical therapist assistants, front-desk staff, “whoever your team is”—to help identify where improvements can be made. “It’s very different from a straight quality-improvement initiative, in which someone with a special credential or degree comes in to work with you on a specific project,” Winterhalter says. “In lean strategies, your employees are an important part of the process. They’re the ones who will identify opportunities for change.”

Promedica has used lean techniques to, among other things, reduce waiting times for outpatient therapy appointments, adjust the referral process within acute care, and speed patient transitions to home health care after they’ve completed their stay at the hospital.



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Sandy Winterhalter

“I would encourage any PT to see the journey in their setting from a patient’s perspective,” Winterhalter says. “What is happening to them along the way? Are they having to wait somewhere for their appointment? Once they’re in, what is their experience? Are they sitting there waiting for you as you’re running across the room to look for a tool or get a piece of equipment?” Lean, while process-driven, “is really about keeping your eyes on the customer.”

Robbie Leonard, PT, MSPT, agrees. She’s vice president of regulation and finance at Medical Billing Center Inc, a South Carolina company that helps therapy practices with compliance and administrative functions. Before that, she was vice president of administration at Proaxis Therapy, an outpatient practice with more than 2 dozen clinics in 3 states. In that capacity, Leonard often spent time at clinics working with practice managers and staff on lean-related initiatives. One 4-day project, for example, looked at documentation “to find the most efficient way to use the EMR, then standardize that process across the board.”

Another project involved Leonard and her colleagues tackling the intake process. Patients were starting therapy late because it was taking too long to do all the paperwork. In that case, she says, “We brought everyone together to look at all the ways we had patients register. We then figured out what was absolutely necessary—as opposed to what we were doing just because we’d always done it that way.” By standardizing the process, the clinics managed to reduce the average intake time by almost 10 minutes, Leonard says. “The



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Malie Maysilles

best thing about it,” she adds, “was that it required no technology or money—only a change in behavior.”

Leonard and her team at Proaxis often used a workplace-organization method that lean practitioners call “5S.” (The 5 Ss are Japanese phrases that roughly translate as sort, straighten, shine, standardize, and sustain.) “5S looks at the ways your clinic flows, and where things live,” Leonard explains. She has led workshops for PTs and other health care practitioners in a variety of settings. “It’s about reducing motion and increasing efficiency by putting the tools and equipment you need in the places where you need them.” The 5S approach improves the patient experience—and therefore adds value—“by allowing patients to have more face time with the clinician,” Leonard says.

## A Match Made In the Clinic

“If you think about it, lean really is systematic—just like evaluating a patient,” Leonard says. “You have tools in your toolkit, you evaluate your processes, you develop a treatment plan to fix problems. If you do it well, just like with your patients, you start making incremental improvements that ultimately can make a big difference.”

Malie Maysilles, PT, a lean facilitator with Rona Consulting Group, a Seattle-based health care consultancy (and, previously, an acute care PT at 2 major hospitals), also sees distinct similarities between lean thinking and physical therapist practice. “When we’re trained as therapists,” Maysilles notes, “we’re taught to understand the patient as a whole system and to look for the root cause of that patient’s dysfunction, pain, or whatever the problem is.” That process entails an examination that might include performing a series of diagnostic tests, then considering the best potential treatments based on the diagnosis and available evidence.

When applying lean principles to health care, Maysilles says, “you’re relying on that same kind of scientific thinking. You’re using root-cause analysis to identify what’s underlying the problem that’s visible on the surface, then trying out solutions that might improve that system.”

Maysilles spends much of her time consulting with individual departments within hospital systems, identifying value streams and leading lean-focused workshops. Value-stream mapping plays a prominent role, as does kaizen. Always, she says, the teams that take part in lean projects comprise the people who do the everyday work. “They might be clinicians, front-desk personnel, or folks from environmental services.”

Also critical: Leadership is educated in the lean approach and is brought on board at the start. “You want to ensure that your teams are empowered to make the kinds of changes that lead to solutions,” Maysilles notes.

Typically, lean-inspired solutions serve to “quiet the external noise” that too often exists in workplace environments. That makes it easier for people to do their jobs—and that, in turn, leads to higher patient satisfaction. “Anytime we do something that affects the staff, it also affects patients,” Maysilles points out. “When we reduce that volume of noise, we free up our clinicians and frontline workers. We allow them to fully devote their hearts and minds to their patients.”

While formal lean initiatives like those Maysilles leads are gaining popularity across health care, PTs such as Joe Maccio, PT, MA, DipMDT, say ongoing informal efforts have helped streamline operations at their facilities. Maccio, who owns Maccio Physical Therapy in Troy, New York, says he and his staff meet regularly to take a hard look at their overall workflow. They rely on

practice data collected by their EMR provider to help them find areas that need the most attention.

Maccio has never thought of these meetings as being lean-related and concedes he isn’t familiar with the lean philosophy. But he sounds like many of its professed practitioners when he states, “We’re always trying to be efficient. We’re looking to make improvements wherever we can.” ■

**Chris Hayhurst is a freelance writer.**

## REFERENCE

- Porter ME. “What is Value in Health Care?” *The New England Journal of Medicine*. 2010; 363(36):2477-2481.

## Integrity in Practice

APTA advocates for upholding the authority of physical therapists to use their clinical judgment in delivering services that are in their patients’ best interests.

At the same time, the association educates PTs and PTAs about the risks and possible pitfalls associated with fraud, abuse, and waste.

Learn more at the Center for Integrity in Practice website: <http://integrity.apta.org/>

