

Hidden in Plain Sight: Five Overlooked Opportunities in Practice Management



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The most significant opportunities in practice management are rarely the most complex. More often, they are the ones hiding in plain sight - embedded in everyday workflows, normalized over time, and therefore overlooked.

Pre-Visit Management

Most medical practices have a solid approach to gathering demographic and insurance information prior to the visit. But the opportunity extends beyond registration details - the real opportunity is your front door.

Are patient calls answered during all business hours? Can referrals be sent and appointments scheduled 24/7? Are there outdated phone numbers or broken links on your website? Are inbound fax referrals consistently monitored?

Because there is little visibility into true demand - and because it's human nature not to report breakdowns, especially when your team may be contributing to them - this area is often overlooked. Consider your practice through the patient's perspective: review your website, call your practice to schedule an appointment, and send a "test" referral.

Denials

Insurance payers have long used technology to avoid paying claims, and practices have become more adept at identifying, working, and appealing denials. However, a newer and rapidly growing issue is often missed: underpayments.

Payers are processing claims but reimbursing at lower rates than expected. Without clear visibility into contracted rates, business office employees may accept these payments to reduce accounts receivable without realizing revenue is being left behind.

These underpayments take many forms, such as downcoding evaluation and management services (e.g., paying for a 99204 when 99205 was billed), bundling services, or applying inappropriate network discounts. The opportunity is found in connecting with your business office, raising awareness, and incorporating expected reimbursement into your billing system. While resource-intensive, this effort can yield significant financial return.

Metrics

Historically, practices have relied on completed encounters or relative value unit (RVU) production as their primary management metrics. These are *lagging* indicators.

High-performing practices are making the shift toward *leading* indicators, such as referral volume and conversion to office visits, as well as surgical yield for specialists; patient panel size and composition for primary care; care gaps; post-call surveys (in addition to traditional post-visit satisfaction surveys); unused minutes within the scheduling template; return visit intervals; patient messages per completed visit; cancellation refill rate; and more.

Business analytics have advanced significantly. Given the complexity of the modern medical practice, there is a clear opportunity to move beyond retrospective reporting and use data to proactively manage access, capacity, and performance.

Cancellations

As self-scheduling expands, patients now have 24/7 access to book appointments - and cancel them just as easily.

Cancellations are increasing and, if unmanaged, can be as disruptive as no-shows. Practices should take a more proactive approach by implementing earlier appointment confirmations (e.g., 21+ days in advance) to encourage timely release of slots, deploying automated waitlists to backfill openings, converting appropriate cancellations to telemedicine visits, and using predictive analytics to optimize arrivals.

The goal is not simply to fill the schedule, but to protect access and reduce unused capacity.

People

It's no surprise that employees represent one of the most overlooked opportunities in practice management - not due to lack of effort, but because inefficiency often hides in plain sight.

If you recognize signs of ineffective behaviors (see table) and have tolerated them, it's worth noting that these patterns extend beyond the individual. They affect surrounding staff, slow workflows, and shape culture.

People are your greatest resource. Invest in hiring, developing, and retaining high performers and avoid tolerating behaviors that may undermine the team.

The most impactful improvements are often not new initiatives, but long-standing gaps that have gone unexamined - until now.

Text box/Call-out:

Here's your sign(s):

The Professional Organizer: Staff who appear busy all day with highlighters, lists, and message pads, but little actually gets completed.

The Task Completer: Checks off tasks quickly, but the same issues keep coming back. Measures success by volume, not resolution.

The Workaround Specialist: Maintains personal spreadsheets or sticky note systems and says "I just do it this way" instead of using standard workflows.

The Escalation Default: Frequently says "I'll have someone call you back" and routes routine issues up instead of resolving them at the front line.

The Digital Avoider: Defaults to manual work despite available tools and resists online scheduling, automation, or digital intake.

The Bottleneck: By their own design, work depends on them to move forward. When they're out, everything comes to a halt.

The Always Busy, Never Available: At their desk all day but hard to reach. Tasks linger and response times are slow despite “constant activity.”

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