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FROM THE EDITOR

Escaping Inefficiency

For the unwary, inefficiency can become a way of life

Two very different articles in this issue deal with the same important subject: workflow redesign. It's a topic that is at the same time important and often slighted, largely because workflow – the way we do what we do day after day – tends to become such a well-traveled route that we may forget that other ways may lead us to the same end more quickly and efficiently.

When workflow issues do obtrude themselves into consciousness, it's often because the current practice produces an intolerable problem. That's what seems to have produced the "proactive approach to controlled substance refills" described in the article by Deanna R. Willis, MD, and her co-authors that begins on page 22. The way their practice had handled such refills caused frustration for all concerned and occasioned patient complaints. It was the frustration and complaints that eventually led to the redesigned refill program described in the article.

Unfortunately, however, not all workflow problems produce such dramatic problems that it seems essential to do something. Inefficiency can become a way of life – not causing huge problems but sifting a little sand into the gears here and there. Particularly if you've "always done it that way," the only cure for such subclinical inefficiency may be to encounter other ways of working – ways that highlight the problems with yours.

That's where such articles as "Addressing Common Inefficiencies in Office Practice" (page 28) come in. Writing from the perspective of a consultant who has seen how many practices work, Jill Young addresses a range of common inefficiencies affecting the whole range of practice activities, from telephone triage, new-patient registration, intra-office messaging, chart preparation and referral management all the way through physicians who start chronically late and physicians who can't agree on standardized processes because each is intent on optimizing his or her individual practice at the expense of the group. I hope at least one of her suggestions sparks an idea that will improve your practice workflow.

After all, the whole point of *Family Practice Management* is to help you make your practice better for your patients, your staff and you. In singling out these two articles, I don't mean to imply that the other articles in this issue have other aims in mind. I think you'll find that virtually every article in *FPM* is intended to help you improve some aspect of your practice, from coding to care and from computerization to claims submission.



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