Medical Practice Clinical Productivity Evaluation			
Clinical Setting			
1.	Does each physician have at least three dedicated patient examination rooms?		
2.	Are examination rooms arranged and stocked similarly?		
3.	Is there standardization of medical record construct and forms among physicians?		
4.	Is pertinent and current medical information always contained within the medical record for each patient visit?		
5.	Are office meetings, in-service meetings, and drug representatives scheduled during non-patient times?		
6.	Is the patient schedule managed properly so that "no-shows" are less than 5 percent of all appointments?		
7.	Are time slots allocated in the morning and afternoon for same day/work-in appointments?		
8.	Does each physician have a permanently assigned clinical assistant?		
9.	Is the clinical assistant always in or within sight of the examination rooms?		
10.	Is the clinical assistant charged with the responsibility to manage the physician's productivity, including monitoring exam room time and moving the physician along, as appropriate?		
11.	Is the clinical assistant responsible for patient education and patient discharge instructions?		
12.	Is physician productivity recognized as a major job function for all staff members?		
13.	Is physician productivity a standing item on staff meeting agendas?		
14.	Do patients complain about excessive reception area or examination room wait times?		
15.	Are pulmonary function studies, spirometry, breathing treatments, routine blood pressure checks, venipunctures, EKGs, family consultations, extended patient counseling, or other similar services performed in a patient examination room?		
16.	Does the provider experience downtime waiting for patients to be assigned/triaged to the examination room?		
17.	Does the practice experience overtime on a routine basis because patient visits run late?		
18.	Does the clinical assistant spend time on the phone while the physician is seeing scheduled patients?		

Scoring: Total the number of responses from this section and indicate the number below

A. Questions 1-13. Indicate the number of "Yes" answers	
B. Questions 14-18. Indicate the number of "No" answers	
Total Clinical Setting Score (A + B)	

Physician Personal Productivity		
19. Does the physician start each appointment block on time?		
20. Does the physician double book patients on a daily basis?		
21. Does the physician dictate/write progress notes at the close of each visit?		
22. Has the physician approved polices and procedures to define the process for prescription refills, patient care inquiries, laboratory panic values, etc.?		
23. Are patient scheduling templates created to support individual physician productivity as opposed to a "one template fits all" mentality? (For example, can the software accommodate a block schedule, wave schedule and modified wave schedule?)		
24. Does the current technology support physician productivity (e.g., electronic medical record, PDA, email, Internet access, etc.)?		
25. Does the physician's personal productivity account for at least 30 percent of his or her personal income?		
26. Does the physician routinely fall more than 15 minutes behind schedule?		
27. Does the physician schedule more than 30 minutes for any office visit?		
28. Does the physician address every complaint of the patient during the visit (as opposed to just those for which the patient is scheduled)?		
29. Does the physician allow interruptions while in the examination room to respond to patient, physician, or hospital telephone calls?		
30. Does the physician periodically cancel patients for non-emergent reasons?		

Scoring: Total the number of responses from this section and indicate the number below

C. Ques	tions 19-25.	Indicate the number of "Yes" answers	
D. Ques	tions 26-30.	Indicate the number of "No" answers	
Total Ph	ysician Perso	onal Productivity Score (C + D)	

Circle the total score for each section in the graphs below

