Time Management Skills and the Occupational Health Professional

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"Time is money!" So true—and even more so when your raison d'être is to boost gross revenue in the shortest possible amount of time.

Ironically, despite the pressure to produce, time management tends to be a virtually lost art in the world of occupational health sales—whether you are a sales professional or an urgent care clinician or office manager tasked with this crucial responsibility.

Do you often wonder, "Where does my time go?" Step one is to answer that question definitively by maintaining a two-week time allocation chart to see exactly what you are doing with your time. Nothing fancy here, but you need to be honest and impeccable with your entries.

The results of this ad hoc self-assessment are likely to surprise you.

Allocate as much time as possible to face-to-face sales, whether it's you or someone else doing the selling at your facility, with the understanding that other events are likely to get in your way.

Traditional leading time-suckers in the sales arena are:

- *Customer service.* If you are putting out fires, babysitting accounts, or following up on a myriad of operational issues, you are not out there selling. Sales personnel should be doing what they do best: bringing in new business while minimizing involvement in clean-up campaigns.
- *Paperwork.* There is *productive* paperwork and there is *busy* work. If paperwork ultimately results in a sale or saves you time, then it is time well spent. If it is a clerical activity that could be easily handled by another staff member, it should be delegated.

- *Database management.* Many sales professionals surf the net and play with their database more than they should. Learn to pick and choose applications that really make a difference, such as tracking sales calls results and keeping contact information or protocols current.
- *Telephone calls.* I ask registrants at our sales training programs how many phone calls they place or receive daily; usually, it's in the range of 25 to 35 calls per day.

  If the average length per call is four minutes, that is 120 minutes, or two full hours of telephone time a day. Decrease your telephone time by 50%, and you will save one hour a day, or 240 hours every year, that can in turn be re-directed to revenue-generating activities.
- *Travel.* The amount of time that a sales professional is on the road can be substantial. Consolidate auto travel as much as possible by scheduling consecutive meetings with employers within close proximity of each other.

Continued on page 36

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OCCUPATIONAL MEDICINE

A written and deployed time management plan is as important as your sales and marketing plan. Consider the following for a proactive time management plan:

1. Complete a two-week time management audit once a quarter and adjust to the findings of each study. Look for the least productive five hours of your weekly routine and eliminate those activities.
2. Cluster activities. For example, considerable time can be saved by placing all of your outgoing phone calls during a set time period (e.g., first thing in the morning) and making your in-person sales calls between 11 a.m. (assume you have a lunch meeting scheduled with a prospect) and 4 p.m.

   Likewise, and as noted previously, sales calls should be arranged to minimize travel time. Add these clusters to your weekly schedule and stick with it.

   Be selective with the information you routinely collect and maintain. Use software applications that will help you maximize the return on the time you invest.
3. Manage your telephone time. Suggested techniques include:
   - Think before you dial. Review the facts (e.g., history, current proposal) and know your objectives.
   - Script your voicemail message, should you not reach the person directly.
   - If you do not need to speak directly to the person but just want to leave a message, make the call before or after regular business hours.
   - During a call, be considerate of the prospect's time. Ask if it's a convenient time, get right to the point, state your objectives, and minimize small talk
   - Supplement or replace voicemail with email as circumstances dictate.
   - Develop a phone station in which you have key numbers, product descriptions, and competitive advantage statements immediately at hand.
5. At the end of each day, develop an action plan for the following day. Set priorities for the discrete tasks on your to-do list.

Numbers are compelling. Consider: If one hour a day can be shifted from minimally productive tasks to direct sales, you would have an additional 240 hours a year to cultivate sales. This is the equivalent of an additional *six weeks* of full-time sales effort.

Simply focusing on time management can easily make the difference between a break-even situation and an extraordinarily profitable one.■

CODING Q & A

Q. For the code 17110 (Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions up to 14 lesions), the description reads "up to 14 lesions." In the units field, do we put the number that were removed, or bill as one unit because the code description states "up to 14?"

– *Question submitted by Tina McCart, Louisiana State University Health Sciences Center, Shreveport, LA*

A. Use CPT code 17110 just once, when the doctor performs (or attempts) destruction of up to 14 lesion. Do not place the number of units in the units field, as this is a single code that is billed identically (i.e., a single code), whether the patient has one lesion destroyed or 14 lesions destroyed. ■

Q. Medicare is denying reimbursement for the G0431-QW (Drug screen, qualitative; single drug class method (e.g., immunoassay, enzyme assay), each drug class). At first we were billing G0431-QW with nine units, but then Medicare started denying the claims for the frequency or units.

Medicare states they don't have the frequency for the code in their system, so what would be the best way to bill these (or have you heard about anyone else having this problem)?

– *Question submitted by Tammy Scott, Physician Practice Resources, Chattanooga, TN*

A. For some codes, Medicare does not publish frequency limits if they suspect that the knowledge of these limits for a specific code might be abused. One would suspect that this code is exactly that type of code, especially since Medicare specifically noted that this new code was implemented in January 2010 because, "it had come to CMS' attention that some companies were using questionable billing practices concerning CPT Code 80100 and CPT Code 80101. Therefore, CMS created two new G codes to operate in place of and alongside existing CPT Code 80100 and existing CPT Code 80101."

Medicare has noted that codes for this procedure have been "abused" in the past, so it would seem likely that Medicare does have a frequency limit for this code. You may be coming up against their unpublished limits. ■

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