North Carolina Community Health Center Association

Right Sizing Your Health Center

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SESSION GOALS & TOPIC INTRODUCTION

- What is Right-Sizing?
- What elements of operations should we consider when trying to right-size?
- What information is important to understand when the organization is right-sizing?
- Planning as an important tool for right-sizing

What is Right-Sizing?

- Right-sizing is a continual balance of a health center's total costs, asset investment and usage, debt, working capital requirements and other related inputs required to "profitably" serve patients based on the revenue being generated.

- The operative word in this definition is "profitably"—meaning, you don't jeopardize your profit margin. You protect your profit margin from the profit migration factors that come with change, both internal and external. What affects margin? Higher costs; lower volume; general inflation; payers and reimbursement changes resulting in less or stagnant revenue; patients not paying their part; larger working capital requirements and staff/provider issues, among others.

- The right-size for your enterprise is the size that generates the required operating profit, regardless of internal/external forces.

Elements of Right-Sizing

- **Volume** – what is the right-size of volume for your health center, from each and all services? What is the right patient mix? How do we achieve volume goals, once identified?
- **Sites** – sometimes there are sites within a health center network that are not profitable, so what are our options for continuing to operate them or to have them "turnaround"?
- **Services** – In a health center, not all services will be profitable or result in a breakeven operation. How do we balance efforts at providing needed services, yet have the health center be profitable?
- **Providers** – what is the appropriate level of provider staff and how do they need to contribute to the organization's bottom line?
- **Staff** - With personnel costs usually 65% to 75% of health centers' budgets, over-staffing, over time, and temps services can be a major contributor to less profit, less cash, etc.

FACTORS AFFECTING OPERATIONAL EFFICIENCY

- Sufficient service/patient demand
- Provider supply and availability that reasonably match demand for services
- Operating infrastructure (e.g., staff, practice management system) and processes that facilitate moving patients efficiently through the system
- **Volume – Revenues – Expenses….they're related.**

HEALTH CENTER SUCCESS – HIGH LEVEL

- Meeting mission, vision & values
- Providing the maximum number of services to the maximum number of patients in service population while staying financially viable and building reserves
- Patients, services, quality, mission, revenue, cost, regulatory requirements and financial health all combine in a “delicate balance”. Problems in one area can easily upset the delicate balance.

OPERATIONAL MANAGEMENT OF A CHC – THE REALITY

Environmental pressures are threatening the CHCs' "delicate balance".

- Changes in reimbursement systems will increase competition for patients who have a payment source (e.g. Medicaid, private insurance), with the potential to erode an FQHCs -
  - Payor mix
  - Patient base
- Federal and state governments are taking a "new look" at the health care financing system, potentially impacting FQHCs -
  - Reimbursement rates
  - Reimbursement systems
  - Subsidies for uncompensated care
  - Accountable Care Organizations
- The cost of providing healthcare services are increasing.
- Health centers are trying to improve provider productivity at varying levels of success.

A FEW WORDS ON BENCHMARKING VS. IDENTIFYING SUCCESS

- Benchmarking often describes comparing health center performance to national averages or medians
- Meeting or beating the national average does not necessarily mean success
  - Because of the delicate balance, a center could meet or exceed benchmarks in one area but still not have successful overall performance. For example, a health center could have average provider productivity, but because of payor mix and/or grant support it could still lose money
- What is most important is to **determine budget needs**, establish plans that best address those needs, and then monitor achievement or lack of achievement, adjusting course if possible.
- A center's best benchmark is itself. Performance vs. prior periods is more important than vs. a peer group

UNDERSTANDING OPERATIONS

- Executive management must be “in charge” of health center operations
- Health center management must perform detailed, systematic analyses to understand operations and how they affect productivity and performance. Anecdotal information, assumptions, or “the way we’ve always done things,” will give a misleading picture of how a health center functions and what needs to change to improve performance.
- Various tools are available to measure operational performance in each health center department.
- Once management understands its operations, it can begin to develop effective solutions for improvement.

Right Sizing - Volume

Importance of Achieving Volume

- What is the right volume (visits) level for your health center that maximizes patient access?
- How do we determine our capacity for providing services?
- How can we increase our volume of business?
- Why do patients use us for health care services?
  - Why do they come back? Tell others about us?
  - What is the patient experience?
- Is there a time when we have too much volume? How do we know?

Determining Volume Expectations – Establishing the Operating Budget Annually

Preparation of a carefully constructed **annual operating budget** allows management to anticipate and prepare for financial success in the coming year.

Projecting a budget begins with the determination of assumptions (internal and external) and a projection of what level of visit volume is needed to generate sufficient revenues for:

1. Breakeven with anticipated expenses
2. Generation of additional monies to establish sufficient cash reserves
3. Additional "profits" to cover:
    a. Replacement of fixed assets
    b. New or expanded services or sites
    c. Bonuses/Incentives for providers and other staff
    d. Other investments or arrangements

Projected Visit Report

ABC Health Center - Budgeted Visit Report

Employee	Position	Medical FTE	Average Visits	Site A	Site B	Site C	Total Budgeted Visits
Dr. S. Smith	Internist/Medical Dir.	0.4	4,302	1,721			1,721
Dr. B. Scott	Pediatrics	1.0	4,056			4,056	4,056
Dr. P. Lee	Pediatrics	1.0	2,500	2,500			2,500
Dr. H. Grafton	Internist	1.0	3,935		3,935		3,935
Dr. A. Rosen	Internist	1.0	4,202		2,101	2,101	4,202
Dr. L. Hanks	Geriatrics	1.0	3,815			3,815	3,815
Dr. J. Diaz	Internist	1.0	4,200	4,200			4,200
Ann Ramondo	Nurse Practitioner	1.0	2,059	2,059			2,059
Leslie Arnold	Nurse Practitioner	1.0	2,364		2,364		2,364
Rosa Ferraro	Nurse Practitioner	1.0	2,628			2,628	2,628
Total		**9.4**		**10,480**	**8,400**	**12,600**	**31,480**

Average Annual Visits Per Full Time Equivalent Provider = 3,349

Projected Visit Report

Payor Mix:

- Changes in economy resulting in changes in payor mix
- Implementation of Medicaid Managed Care, Child Health Programs, Family Health Programs
- Age of community
- Changes in policy, (i.e., welfare reform, State programs - uncompensated care)

Projected Visit Report

New Sites and/or Services:

- Opening/Closing of a site
  - Consider whether a new site will shift visits from an existing site.
- Adding new services/departments

Revenue Projection

Patient Services Revenue Projections :

	Site A	Site B	Site C	Total
Visits	**10,480**	**8,400**	**12,600**	**31,480**
Revenue				
Patient Services Revenue				
Medicaid	$ 451,084	$ 239,400	$ 399,000	1,089,484
Medicaid Managed Care	41,040	63,000	94,500	198,540
Medicare	125,325	63,000	157,500	345,825
Self-Pay	13,470	22,050	22,050	57,570
Other Third Party	29,925	31,500	55,125	116,550
Total Patient Services Revenue	660,844	418,950	728,175	1,807,969

How were determinations made about revenue per visit?

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Bottom Line

	Site A	Site B	Site C	Total
Visits	**10,480**	**8,400**	**12,600**	**31,480**
Revenue				
Total Patient Services Revenue	660,844	418,950	728,175	1,807,969
Grants & Contracts	468,150	318,364	521,546	1,308,060
Wraparound	39,670	62,636	93,954	196,260
Interest Income	1,000	500	1,250	2,750
Miscellaneous	855	746	300	1,901
Total Revenues	$ 1,170,519	$ 801,196	$ 1,345,225	$ 3,316,940
Expenses				
Salaries				
Direct	375,000	230,000	368,000	973,000
Fringe Benefit	90,000	55,200	88,320	233,520
Supplies	94,800	74,000	114,510	283,310
Total Direct Expenses	726,438	492,796	774,248	1,993,482
Total Indirect Expenses	454,438	297,789	559,691	1,311,918
Total Expenses	1,180,876	790,585	1,333,939	3,305,400
Income (Loss)	$ (10,357)	$ 10,611	$ 11,286	$ 11,540

Is the $11,540 bottom line enough to meet annual goals?

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Why Might the $11,540 Not Be Enough?

Assumptions for Bottom Line Needs

- Cash Reserves at 2-3 months of operating expenses
  - 2 months of $3,305,400 = $ 550,900
- Assume equipment depreciation of $50,000 year
- Salary increases of 3% will require $75,550 (includes fringe)

Why Might the $11,540 Not Be Enough?

Assumptions for Bottom Line Needs

- Assume building of cash reserves to 60 days over three year period:
  - $ 550,900 ÷ 3 years = $ 185,000/year
- Equipment Replacement $ 50,000/ year
- Salary increases $ 75,550/next year

Bottom Line Needs = **$ 310,550**

Current Generation **(11,540)**

Add'l Revenue Needs **=$ 299,010**

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Calculation of Additional Visit Needs Based on Additional Revenue Needs

Add'l Revenue Needs $ 299,010

Patient Services Revenue	$1,807,969
Wraparound Revenue	196,260
Total Patient Revenue	$ 2,004,219
÷ Visits	31,480
Revenue/Visit	$ 63.67

Additional Revenue Needs	$ 299,010	=	4,696
Revenue/Visit	63.67		Add'l Visit
Needs			

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Additional Visits Needs Per Provider

Additional Visit Needs	4,696
Original visit projection	31,480
Total Visit Needs for Budget	36,176
Provider FTEs	÷ 9.4
New Visit Goal per Provider	3,850
Previous Budget	3,348
Increase	502

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Steps to Improving Provider Productivity

STEP 1

We Must Set our Productivity Goals!

What Level of Productivity can we Realistically Expect to Achieve?

What are Your Goals for Productivity

21 Patient Visits Per Day or 4,620/FTE/Year

- The goal for the outcome of the productivity equation should be to maximize the fill rate
- If our goal is to see 21 patients per day within a 7-hour clinical time, then the equation calculates as:
- 21 net result = Filled appointment slots of 21 X 20% (Net No Show Rate) = 26 filled slots/day X 230 days in clinic = 4830 Visits/FTE

- 21 per day equates to 3 patients seen per hour

  220 X 7 hours/day = 1,540 hours patient time

  4,620 ÷ 1,540 = 3 patients/hour

What are Your Goals for Productivity

24 Patient Visits Per Day or 5,520/FTE/Year

- The goal for the outcome of the productivity equation should be to maximize the fill rate

- If our goal is to see 24 patients per day within a 8-hour clinical time, then the equation calculates as:

- 24 net result = Filled appointment slots of 21 X 20% (Net No Show Rate) = 29 filled slots/day X 230 days in clinic = 5,520 Visits/FTE

- 24 per day equates to 3 patients seen per hour

  230 X 8 hours/day = 1,840 hours patient time

  5,520 ÷ 1,840 = 3 patients/hour

STEP 2
DATA THAT HELPS PRODUCTIVITY SYSTEMS

Communicating Expectations

- Productivity targets must be clearly communicated and understood by all parties
  - Providers, support staff, schedulers, other administrative staff
- This includes discussing what happens to the volume when there are no-shows, schedules are changed without approval, etc.
- Productivity includes scheduler productivity as well
  - The center should establish guidelines for numbers of appointments scheduled by each scheduler just in the same way the center would establish provider productivity targets

Select Metrics for Appointment Scheduling

- ✓ Average Number of Rings Before Calls Are Answered/Call Drop Rate/Rate of Calls Placed on Hold/Average Hold Time - Measured at Peak and Non-Peak Times
- ✓ 3rd Next Available Appointment by Provider – Daily Report
- ✓ No-Show Rates By Provider (for new and established patients) – Daily Report
- ✓ Waiting Time from Registration to Provider Visit (scheduled appointments and walk-ins separately)
- ✓ Walk-Ins Rates by Provider and Same-Day Appointments – Daily Report
- ✓ Average Appointment Wait Times (Urgent, Routine/Well and Non-Urgent Sick Visits)
- ✓ Percentage of Unfilled Appointment Slots

Start With Gathering Needed Data

- No Shows by Provider
- Walk Ins by Provider
- Unfilled appointment slots by Provider
- 3rd next available appointment by Provider
- Patient cycle time

No Show Analysis Considerations

- **Consider no shows as anything that disrupts the appointment schedule:**
  - Patients who simply do not show for their appointment with no notice
  - Patients who call either the evening before or the day of their appointment and cancel
- **Data Collection & Reporting**
  - Must be calculated daily (Monday, Tuesday, etc.)
  - Must be by provider
  - If your result is a percentage, what are you using as a denominator?
    - Filled appointment slots for the day, or
    - Available appointment slots for the day

No Show Percentage

Provider	Monday	Tuesday	Wed	Thurs	Fri	Average
Provider 1	22.2%	22.4	18.5	17.8	18.4	19.9
Provider 2	20.4%	17.8	18.1	17.9	15.9	18.0
Provider 3	21.9%	21.8	23.4	20.8	24.2	22.4
Provider 4	15.5%	14.6	18.4	13.6	15.3	15.5
Provider 5	21.6%	22.0	13.7	23.6	22.3	20.6

Walk-In Analysis Considerations

- **Consider walk-ins as anything that disrupts the appointment schedule:**
  - Patients who simply show for their appointment with no notice
  - Patients who call either the evening before or the day of their appointment are “worked-in”.
- **Data Collection & Reporting**
  - Must be calculated daily (Monday, Tuesday, etc.)
  - Must be by provider
  - If your result is a percentage, what are you using as a denominator?
    - Filled appointment slots for the day, or
    - Available appointment slots for the day

Walk-In Percentage

Provider	Monday	Tuesday	Wed	Thurs	Fri	Average
Provider 1	2.2%	8.4	8.5	7.8	1.4	5.7
Provider 2	10.4%	7.8	8.1	7.9	5.9	8.0
Provider 3	2.9%	2.6	3.8	7.8	6.2	4.7
Provider 4	7.5%	6.6	7.4	5.6	8.3	7.1
Provider 5	5.6%	4.0	6.7	7.6	3.3	5.4

Net No Show Percentage

Provider	Monday	Tuesday	Wed	Thurs	Fri	Average
Provider 1	20.0%	14.0	10.0	10.0	17.0	14.2
Provider 2	10.0%	10.0	10.0	10.0	10.0	10.0
Provider 3	19.0%	19.2	19.6	13.0	18.0	3.6
Provider 4	8.0%	8.0	11.0	8.0	7.0	8.4
Provider 5	16.0%	18.0	7.0	16.0	19.0	15.2

Analysis of No Shows by Provider/Day

	Provider									
January 2016	Provider 1	Provider 2	Provider 3	Provider 4	Provider 5	Provider 6	Provider 7	Provider 8	Provider 9	Totals
Number Scheduled										
Mondays	54	61	41	37	51	51	47	25	60	427
Tuesdays	56	59	53	47	57	71	50	21	95	509
Wednesdays	53	53	56	9	21	0	50	28	72	342
Thursdays	17	55	69	64	67	47	48	34	51	452
Fridays	32	54	55	0	25	0	50	22	67	305
	212	282	274	157	221	169	245	130	345	2035
Number Kept (or Seen)										
Mondays	40	36	27	27	34	35	34	23	40	296
Tuesdays	44	41	38	24	37	41	22	17	64	328
Wednesdays	41	33	29	7	18	0	39	26	42	235
Thursdays	13	46	40	40	46	25	35	25	31	301
Fridays	32	44	39	0	19	0	37	17	43	231
	170	200	173	98	154	101	167	108	220	1391
% Not Kept (or No Show %)										
Mondays	0.259	0.410	0.341	0.270	0.333	0.314	0.277	0.080	0.333	0.307
Tuesdays	0.214	0.305	0.283	0.489	0.351	0.423	0.560	0.190	0.326	0.356
Wednesdays	0.226	0.377	0.482	0.000	0.143	0.000	0.220	0.071	0.417	0.313
Thursdays	0.235	0.164	0.420	0.375	0.313	0.468	0.271	0.265	0.392	0.334
Fridays	0.000	0.185	0.291	0.000	0.240	0.000	0.260	0.227	0.358	0.243

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Analysis of Schedule Fill Rate

Slots Available	Provider 1	Provider 2	Provider 3	Provider 4	Provider 5	Provider 6	Provider 7	Provider 8	Provider 9	Totals
Mondays	78	78	78	54	78	67	68	74	79	654
Tuesdays	93	86	84	64	90	72	52	83	98	722
Wednesdays	99	96	100	14	96	0	100	97	75	677
Thursdays	26	104	104	98	104	40	104	104	84	768
Fridays	52	104	104	0	104	0	104	104	112	684
	348	468	470	230	472	179	428	462	448	3505
Number Scheduled										
Mondays	54	61	41	37	51	51	47	25	60	427
Tuesdays	56	59	53	47	57	71	50	21	95	509
Wednesdays	53	53	56	9	21	0	50	28	72	342
Thursdays	17	55	69	64	67	47	48	34	51	452
Fridays	32	54	55	0	25	0	50	22	67	305
	212	282	274	157	221	169	245	130	345	2035
Fill Quotient										
Mondays	0.692	0.782	0.526	0.685	0.654	0.761	0.691	0.338	0.759	0.653
Tuesdays	0.602	0.686	0.631	0.734	0.633	0.986	0.962	0.253	0.969	0.705
Wednesdays	0.535	0.552	0.560	0.000	0.219	0.000	0.500	0.289	0.960	0.505
Thursdays	0.654	0.529	0.663	0.653	0.644	1.175	0.462	0.327	0.607	0.589
Fridays	0.615	0.519	0.529	0.000	0.240	0.000	0.481	0.212	0.598	0.446

Example Of Unfilled Appointments - July, 2019

	Provider 1	Provider 2	Provider 3	Provider 4	Provider 5
2/1	4	8	4	2	5
2/2	5	10	4	9	5
2/3	5	9	5	4	4
2/4	2	3	3	3	7
2/7	6	3	2	2	6
2/8	1	11	2	11	8
2/9	7	8	4	10	4
2/10	3	5	3	4	4
2/11	5	5	3	6	5
2/14	0	6	2	5	3
2/15	3	4	2	4	7
2/16	6	0	4	3	4
2/17	4	5	5	6	6
2/18	5	3	4	6	6
Totals	56	80	47	75	74
% Unfilled/Day	19%	27.2%	16%	25.5%	25%

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What if Analysis of Fill Rates/No Shows

	2019				
	January	**February**	**1/2 March**	**Totals**	**Annualized**
Analysis					
At 90% Fill rate and:	3,155	2,823	1,672	7,650	36,720
If No Show Rate were 30%	2,208	1,976	1,171	5,355	25,704
Difference from Actual Visits	817	711	393	1,921	9,221
$ Value @ $145.60/Visit	**$118,977**	**$103,567**	**$57,154**	**$279,698**	**$1,342,548**
If No Show Rate were 20%	2,524	2,259	1,338	6,120	29,376
Difference from Actual Visits	1,133	994	560	2,686	12,893
$ Value @ $145.60/Visit	**$164,907**	**$144,674**	**$81,501**	**$391,082**	**$1,877,192**
At 80% Fill rate and:	2,804	2,510	1,486	6,800	32,640
If No Show Rate were 30%	1,963	1,757	1,040	4,760	22,848
Difference from Actual Visits	572	492	262	1,326	6,365
$ Value @ $145.60/Visit	**$83,254**	**$71,594**	**$38,217**	**$193,066**	**$926,715**
If No Show Rate were 20%	2,243	2,008	1,189	5,440	26,112
Difference from Actual Visits	852	743	411	2,006	9,629
$ Value @ $145.60/Visit	**$124,080**	**$108,134**	**$59,859**	**$292,074**	**$1,401,953**
At 70% Fill rate and:	2,454	2,196	1,301	5,950	28,560
If No Show Rate were 30%	1,717	1,537	910	4,165	19,992
Difference from Actual Visits	326	272	132	731	3,507
$ Value @ $145.60/Visit	47,466	39,622	19,280	106,368	510,567
				0	
If No Show Rate were 20%	1,963	1,757	1,040	4,760	22,848
Difference from Actual Visits	572	492	262	1,326	6,365
$ Value @ $145.60/Visit	83,254	71,594	38,217	193,066	926,715
Current Fill Rate =	**58%**	**64%**	**67%**	**62%**	
At Current Fill rate and:	2,035	2,002	1,236	5,273	25,310
If No Show Rate were 30%	1,425	1,401	865	3,691	17,717
Difference from Actual Visits	34	136	87	257	1,234
$ Value @ $145.60/Visit	**$4,950**	**$19,802**	**$12,667**	**$37,419**	**$179,611**
If No Show Rate were 20%	1,628	1,602	989	4,219	20,251
Difference from Actual Visits	237	337	211	785	3,768
$ Value @ $145.60/Visit	**$34,507**	**$49,067**	**$30,722**	**$114,296**	**$548,621**
Actual Patients Seen	**1,391**	**1,265**	**778**	**3,434**	**16,483**

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Third Next Available Appointment

- Defined as "average length of time in days between the day a patients makes a request for an appointment with a [provider] and the third available appointment for a new patient physical, routine exam or return visit exam."

- Health centers should understand the implications of this measure – typically, full patient demand means the 3rd next available appointment is about two weeks

Source: Institute for Healthcare Improvement (www.ihi.org)

Example Third Next Available Appointment February, 2016

	Provider 1	Provider 2	Provider 3	Provider 4	Provider 5
2/1	2	1	4	2	5
2/2	3	1	4	1	5
2/3	Same	1	5	4	4
2/4	2	1	3	3	1
2/7	4	Same	2	2	2
2/8	4	Same	2	1	1
2/9	3	Same	4	1	3
2/10	2	Same	3	1	3
2/11	1	1	3	3	2
2/14	Same	1	2	3	2
2/15	3	1	2	2	1
2/16	2	Same	4	1	2
2/17	4	3	5	3	4
2/18	5	2	4	2	1
2/21	1	1	1	1	2
2/22	1	Same	1	2	1

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Patient Cycle Time Analysis Considerations

- **Consider time patient arrives at reception until they check out and leave the health center:**
  - Data needs to be captured at each health center site
  - Should not count those only arriving for prescriptions or refills or for taking labs, or should count separately
- **Data Collection & Reporting**
  - Must be calculated daily (Monday, Tuesday, etc.)
  - Should be totaled for month and an average determined by patient
  - Some EHRs now have time stamps for this purpose. May want to start simply by only measuring arrival and departure times.

Patient Cycle Time by Site

	Site 1	Site 2	Site 3	Site 4	Site 5
2/1	95	80	125	75	78
2/2	110	70	110	65	80
2/3	90	105	105	67	85
2/4	125	90	110	58	90
2/7	85	85	95	70	95
2/8	115	88	125	75	80
2/9	99	110	130	55	75
2/10	89	68	115	45	78
2/11	120	100	110	50	84
2/14	100	75	120	80	75
2/15	95	78	125	50	80
2/16	90	80	100	40	66
2/17	100	95	105	45	70
2/18	110	100	110	55	85
2/21	75	65	120	65	58
Average	105	86	114	60	74

Using Cycle Time Analysis for Scheduling

- Elements/Milestones in Patient Cycle
  - **Patient Arrival**
  - Registration arrival
  - Registration complete
  - Move to exam room
  - Vitals/specimen taken & patient ready for provider
  - Interaction with Provider
  - Provider-Patient interaction complete
  - Move to check out
  - Check out complete
  - **Patient departure**

***Initial Focus if Concept is New to Your Health Center**

How Do We Improve Patient Cycle Time?

- **Cycle times per health center site should be given to Practice Improvement committee**
  - Goal should be to bring recommendations to the CEO for changes that would increase efficiencies
- **Consider a Nurse manager in the back office at each health center that would be utilized as a "traffic cop"**
  - Primary responsibility would be to keep exam rooms full at all times.
  - Must coordinate with front office, nurses and providers.
- **Must listen to providers about their needs in developing a productive environment**
  - Doesn't mean they need more nurses
  - Must consider keeping them focused on seeing patients

STEP 2 (Still)

OTHER DATA THAT HELPS IDENTIFY PRODUCTIVITY ISSUES

What is the Cost of Providing Services?

Description	Worksheet	Provider 1	Provider 2	Provider 3	Provider 4	Provider 5	Provider 6	Provider 7	Provider 8	Provider 9	Totals
Provider Cost											
Salary/Contract Amount	A	112,500	120,008	101,999	100,000	100,000	100,000	100,000	115,000	104,000	953,507
Fringe Benefits	B	20,813	22,201	18,870	18,500	18,500	18,500	18,500	21,275	19,240	176,399
Nursing Salary & Fringe Allocation	C	60,577	96,924	72,693	121,155	121,155	121,155	121,155	121,155	121,155	957,122
Medical Supplies	D	14,582	14,489	6,406	15,809	14,318	13,340	6,150	12,416	19,016	116,524
Allocation of Space Costs	E	5,602	8,963	6,722	11,204	11,204	11,204	11,204	11,204	11,204	88,510
Other Direct Costs	F	5,529	8,846	6,634	11,057	11,057	11,057	11,057	11,057	11,057	87,352
											2,379,414
Share of Overhead Costs	G	77,984	124,775	93,581	155,969	155,969	155,969	155,969	155,969	155,969	1,232,154
Total Provider Costs		297,587	396,206	306,905	433,693	432,203	431,224	424,034	448,075	441,640	3,611,568

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What is the Cost of Not Filling Slots?

Analysis											
		Provider 1	Provider 2	Provider 3	Provider 4	Provider 5	Provider 6	Provider 7	Provider 8	Provider 9	Totals
Provider FTE		0.50	0.80	0.60	1.00	1.00	1.00	1.00	1.00	1.00	7.90
Appointments Slots 18/Day X 220 X FTE		1,980	3,168	2,376	3,960	3,960	3,960	3,960	3,960	3,960	31,284
Cost Per Appointment Slot		150.30	125.07	129.17	109.52	109.14	108.90	107.08	113.15	111.53	115.44
Visits		1,878	1,866	825	2,036	1,844	1,718	792	1,599	2,449	15,007
Unfilled Slots		102	1,302	1,551	1,924	2,116	2,242	3,168	2,361	1,511	16,277
Annual Cost of Unfilled Slots		15,330	162,835	200,341	210,714	230,945	244,143	339,227	267,148	168,515	1,839,197
Unfilled Slots @ Revenue/Visit		14,851	189,571	225,826	280,134	308,090	326,435	461,261	343,762	220,002	2,369,931
Lost Opportunity Dollars											4,209,128

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STEP 3

Utilizing The Appointment Scheduling System to Assure Productivity Levels

Management Must Be Involved in Our Appointment Scheduling System

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Must Establish an Appointment Template by Provider

- The final template is a product of trial and error. Must adjust for Net No Shows.
- Ideally, each provider's appointment template will be based on their individual experience with no shows and walk-ins.
- Aim is toward maximal productivity on the part of providers along with ease of accommodating patients in slots
- Must test the fact that schedules can be completely filled with desired number of full slots. If not, then must analyze unfilled appointment slots and 3rd next available appointment data. There must be an alignment between number of providers and demand.

What Rules Do We Establish?

- For a 24 visit schedule, assume providers work 8 am to 12 pm, and 1 pm to 5 pm Monday through Friday (or in a 21 visit schedule, maybe 9 am to 12pm and 1pm to 5pm.
- Provider has 2 exam rooms available for work.
- Appointments for problems and follow-ups are scheduled every 15 minutes, across more than one room
- Physicals are given 2 slots, and are limited to two per session, one in each room, other room is blocked during this time
- The new patient, physical and procedure slots are not restricted if 3rd next available appointments are less than 8 days or if there are consistently unfilled appointment slots based on the data.

Overriding the Template

- Conclude provider schedules (i.e., availability) and scheduling templates (i.e., standard time slots by provider for each appointment type) as policy
  - Deviation from this policy should require the Chief Medical Officer's or CEO's approval
  - Don't put Schedulers in the unenviable position of debating scheduling issues with providers

- Ultimately, the schedule belongs to the center, not the provider

The Schedule as an Obstacle

- When the schedule is not well designed, patients cannot access the center when they need to
- Providers have “full” schedules, yet productivity is not optimal
- The health center may be experiencing financial or other difficulties

Appointment Types

- To keep the schedule simple, a health center should try to limit the types of appointments as much as possible
  - Physicals (new patients and existing patients) are usually the longest types (30 minutes)
  - Problem Visits -- new and existing patients (15 minutes)
  - Urgent Care Visits – new and existing patients (15 minutes)
  - Follow Up Visits (15 minutes)
  - Procedures (if your center does them) (15-30 minutes)

- Using these set appointment types will also encourage the utilization of the slots for all kinds of patients on a daily basis– those who call in, recall visits at the providers' behest, walk-ins, etc.
  - Limiting appointments by type, i.e., physicals, new patients, can be a barrier to care.

Pros/Cons to Many Visit Types

- Pros
  - Able to calculate no-show rates by visit type easily (e.g., HIV visits)
  - Helps regulate supply of visits to certain types of care, like procedures, the HIV example, etc.
- Cons
  - Too much detail – can cause the wrong appointment type to be chosen
  - May unnecessarily restrict access to care
    - If the specific appointment type is not available for 4 months, should a patient really be kept waiting, especially if other appointment types of the same length are going unfilled?

Other Scheduling Considerations

- Catch-up slots
  - Sometimes a period of 15 minutes once per session (in the middle, or toward the middle-end) will be blocked out to allow the provider to "catch up". **With a goal of 3 per hour, this is not necessary.**

- Charting Periods
  - Another way to use the schedule is to "room" all the patients at the same time in a one hour block, have the provider see the three patients, and then use the last 15 minutes of the hour to chart, have the rooms turned over, etc.
  - Charting may need to be a part of the work day for providers, some of it after-hours.

Scheduling the Providers

- Get to office early
  - The schedule on the earlier slides will not work if the health center opens the front desk at 8:00 a.m. – it needs to open at 7:30 or 7:45 to be viable
  - The provider must also arrive at ???????– everyone needs time to get the day started and to be prepared
  - Support staff also must be in the center ready to work….may need to stagger hours

Scheduling Considerations

- Lunch hour should be provided for
  - It will always happen that patients run over time, and support staff will need to adjust accordingly
  - Managers have to adjust staffing schedules on the fly in order to maintain services

- Closing time is also in this example –
  - Staffing properly by staggering starting and ending times of staff will allow for individuals to be available to serve the patients as they present

Other Provider Work

- Providers have other things to do that are incident to their direct patient care
  - Review of laboratory reports
  - Writing case reports for other physicians
  - Phoning Patients for questions, lab results, etc.
- Some centers provide set-aside administrative time for these activities **(not recommended)**
- The most productive providers do this work between patients, around lunch time, after-hours, etc.
- Meetings also take valuable time
  - These should be scheduled as often as possible in the morning, the evening, and over lunchtime

STEP 4

Are We Meeting Our Goals?

We Must Continue to Monitor Progress Using Data to Evaluate

We Must Make Adjustments When Results Aren't Meeting Our Goals

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Activity Report

	Monthly Budget	Monthly Actual	Variance Over(Under)	YTD Budget	YTD Actual	Variance Over(Under)
Billiable Patient Visits						
Site/Provider #1						
Medicare	50	35	(15)	600	650	50
Medicaid	150	134	(16)	1,800	1,820	20
Private Insurance	30	33	3	360	350	(10)
Self-Pay Patients	110	125	15	1,320	1,400	80
Other	10	14	4	120	110	(10)
Total for Site/Provider #1	350	341	(9)	4,200	4,330	130
Site/Provider #2						
Medicare	55	50	(5)	660	625	(35)
Medicaid	165	160	(5)	1,980	2,080	100
Private Insurance	35	40	5	420	450	30
Self-Pay Patients	105	110	5	1,260	1,330	70
Other	10	11	1	120	95	(25)
Total for Site/Provider #2	370	371	1	4,440	4,580	140
Total for All Sites/Providers						
Medicare	530	540	10	6,360	6,400	40
Medicaid	1,550	1,675	125	18,600	17,900	(700)
Private Insurance	400	410	10	4,800	4,650	(150)
Self-Pay Patients	1,350	1,440	90	16,200	17,500	1,300
Other	200	190	(10)	2,400	2,150	(250)
Total for All Providers	4,030	4,255	225	48,360	48,600	240
Walk-ins	20%	25%	5%	20%	26%	6%
No Shows	30%	40%	10%	30%	42%	12%
New Patients						
Medicare	6	3	(3)	72	61	(11)
Medicaid	45	38	(7)	540	490	(50)
Private Insurance	3	1	(2)	36	30	(6)

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Example Of Unfilled Appointments - February, 2016
Where do you stand?

	Provider 1	Provider 2	Provider 3	Provider 4	Provider 5
2/1	4	8	4	2	5
2/2	5	10	4	9	5
2/3	5	9	5	4	4
2/4	2	3	3	3	7
2/7	6	3	2	2	6
2/8	1	11	2	11	8
2/9	7	8	4	10	4
2/10	3	5	3	4	4
2/11	5	5	3	6	5
2/14	0	6	2	5	3
2/15	3	4	2	4	7
2/16	6	0	4	3	4
2/17	4	5	5	6	6
2/18	5	3	4	6	6
Totals	56	80	47	75	74
% Unfilled/Day	19%	27.2%	16%	25.5%	25%

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Net No Show Percentage

Provider	Monday	Tuesday	Wed	Thurs	Fri	Average
Provider 1	20.0%	14.0	10.0	10.0	17.0	14.2
Provider 2	10.0%	10.0	10.0	10.0	10.0	10.0
Provider 3	19.0%	19.2	19.6	13.0	18.0	3.6
Provider 4	8.0%	8.0	11.0	8.0	7.0	8.4
Provider 5	16.0%	18.0	7.0	16.0	19.0	15.2

Right Sizing - Sites

What are issues with delivery sites?

- If we have sites losing money, do we even know it?
- What are some options for sites losing money?
  - Hours of operations
  - Provider and other staffing
  - Expansion?
  - Relocation?
  - Status quo? Decision to operate at a loss
  - Services to add, offer, expand, eliminate
  - Close the site
- Facilities cost too high?

Analysis – Profitability of Sites

	Site One			Site Two			Central Office	Totals	
Patient Services & Other Revenue	**Visits**	**Rate/Visit**	**Net Revenue**	**Visits**	**Rate/Visit**	**Net Revenue**	**Revenue**	**Visits**	**Net Revenue**
Medicare	609	83.52	50,864	628	83.52	52,451		1,237	103,314
Medicare Managed Care	517	83.52	43,180	232	83.52	19,377		749	62,556
Medicaid	1,508	99.62	150,227	396	99.62	39,450		1,904	189,676
Medicaid Managed Care	835	99.62	83,183	232	99.62	23,112		1,067	106,295
Private Insurance/Other	729	76.30	55,623	425	76.30	32,428		1,154	88,050
Self-Pay @ 200% or Above	0	58.08	0	0	58.08	0		0	0
Self-Pay Below 200%	2,882	12.00	34,584	1,656	12.00	19,872		4,538	54,456
Federal Grant Funds							1,110,331		1,110,331
Other Revenue							80,777		80,777
Total Revenue	**7,080**		**417,660**	**3,569**		**186,688**	**1,191,108**	**10,649**	**1,795,456**
Allocation of CO Revenues			**1,036,633**			**154,475**	**(1,191,108)**		**0**
Revenue After Allocation of CO			**1,454,293**			**341,163**	**0**		**1,795,456**
Expenses									
Personnel									
Total Salaries Cost			475,701			213,810	373,171		1,062,682
Fringe Benefits			122,303			54,971	95,942		273,216
Total Personnel Cost			598,004			268,781	469,113		1,335,898
Contract Expenses			54,612			9,566	127,178		191,356
Supplies			36,827			6,562	12,208		55,597
Total Other Expenses			48,445			48,589	120,998		218,032
Total Operating Expenses			**737,888**			**333,498**	**729,497**		**1,800,883**
Allocation of Central Office Costs			**503,353**			**226,144**	**(729,497)**		
Total Cost of Operations Per Site			**1,241,241**			**559,642**	**0**		**1,800,883**
Revenues Over (Under) Expenses			**213,052**			**(218,479)**			**(5,427)**

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Analysis of Late Hours Effectiveness

			Late Hours				Late Hours								Excess
			# of Patients Scheduled				*# of Patients Seen*				% No Show	% Fill Rate	Revenue	Cost	(Loss)
Date	Day of Week	# Providers	5-6pm	6-7pm	7-8pm	Totals	5-6pm	6-7pm	7-8pm	Totals					
Site One															
1/4/2016	Monday	2.00	5	8	0	13	4	6	0	10	23.1%	65.00%	1,456.00	1,979.00	(523.00)
1/5/2016	Tuesday	2.00	7	6	0	13	5	4	0	9	30.8%	65.00%	1,310.40	1,979.00	(668.60)
1/7/2016	Thursday	1.00	3	1	0	4	3	1	0	4	0.0%	40.00%	582.40	989.50	(407.10)
1/11/2016	Monday	2.00	5	7	0	12	3	6	0	9	25.0%	60.00%	1,310.40	1,979.00	(668.60)
1/12/2016	Tuesday	2.00	8	6	0	14	5	6	0	11	21.4%	70.00%	1,601.60	1,979.00	(377.40)
1/14/2016	Thursday	1.00	3	3	0	6	2	2	0	4	33.3%	60.00%	582.40	989.50	(407.10)
1/19/2016	Tuesday	1.00	4	3	0	7	2	2	0	4	42.9%	70.00%	582.40	989.50	(407.10)
1/21/2016	Thursday	1.00	3	3	0	6	3	2	0	5	16.7%	60.00%	728.00	989.50	(261.50)
1/25/2016	Monday	2.00	5	6	0	11	5	4	0	9	18.2%	55.00%	1,310.40	1,979.00	(668.60)
1/26/2016	Tuesday	3.00	8	5	0	13	7	4	0	11	15.4%	43.33%	1,601.60	2,968.50	(1,366.90)
1/28/2016	Thursday	1.00	5	5	0	10	5	3	0	8	20.0%	100.00%	1,164.80	989.50	175.30
Totals Site One - January 2016			56	53	0	109	44	40	0	84	22.9%		12,230.40	17,811.00	(5,580.60)

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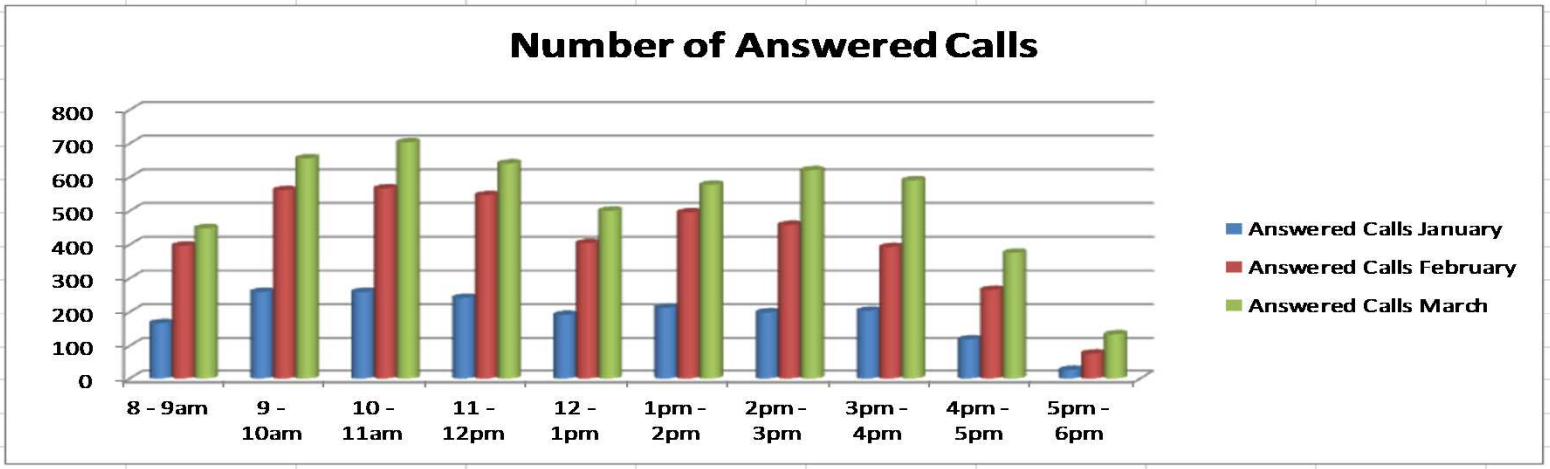
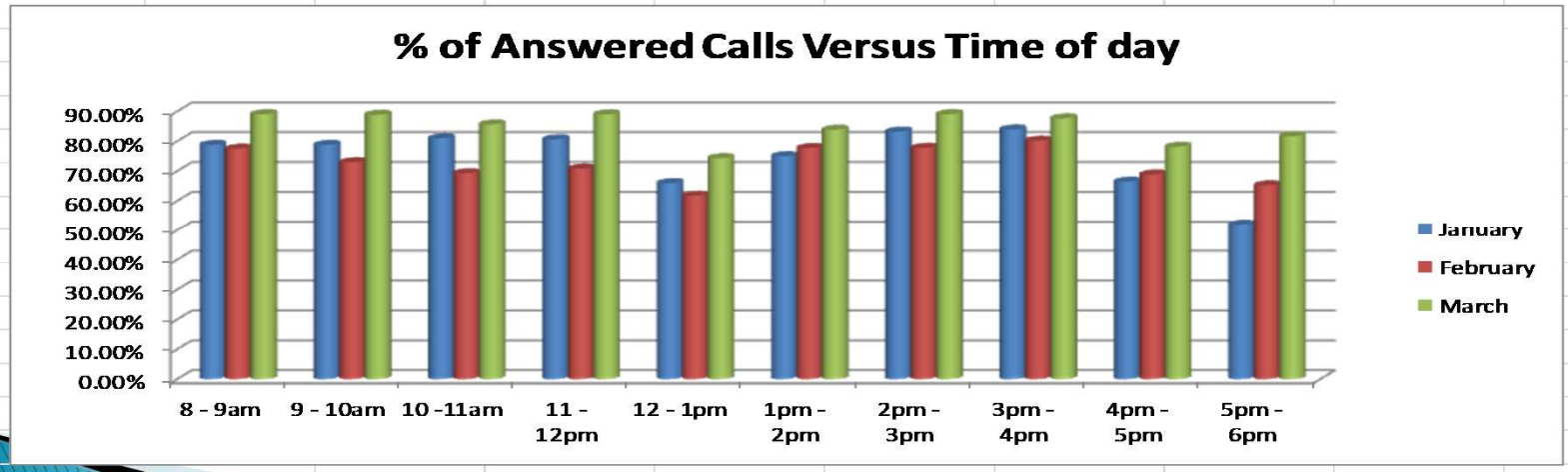
Analysis of Sessions, Providers, Cost

Date	Day of Week	# Providers	# of Patients Scheduled				# of Patients Seen				% No Show	% Fill Rate	Revenue	Cost	Excess (Loss)
			8-12noon	12-1pm	1-5pm	Totals	8-12noon	12-1pm	1-5pm	Totals					
Site One - Monday's															
1/4/2016	Monday	5.00	43	13	46	102	33	9	35	77	24.5%	78.46%	11,211.20	12,863.50	(1,652.30)
1/11/2016	Monday	5.00	42	15	41	98	32	15	36	83	15.3%	75.38%	12,084.80	12,863.50	(778.70)
1/25/2016	Monday	4.33	31	18	44	93	25	11	33	69	25.8%	82.61%	10,046.40	11,139.79	(1,093.39)
Totals Site One - Monday's			116	46	131	293	90	35	104	229	21.8%		33,342.40	36,866.79	(3,524.39)
Site One - Tuesday's															
1/5/2016	Tuesday	3.00	21	19	24	64	21	18	20	59	7.8%	88.89%	8,590.40	7,718.10	872.30
1/12/2016	Tuesday	3.00	16	9	26	51	12	8	22	42	17.6%	70.83%	6,115.20	7,718.10	(1,602.90)
1/19/2016	Tuesday	4.33	19	20	22	61	18	14	19	51	16.4%	58.70%	7,425.60	11,139.79	(3,714.19)
1/26/2016	Tuesday	3.00	11	17	16	44	7	15	14	36	18.2%	61.11%	5,241.60	7,718.10	(2,476.50)
Totals Site One - Tuesday's			67	65	88	220	58	55	75	188	14.5%		27,372.80	34,294.09	(6,921.29)
Site One - Wednesday's															
1/6/2016	Wednesday	5.00	32	7	35	74	25	6	31	62	16.2%	61.67%	9,027.20	12,863.50	(3,836.30)
1/13/2016	Wednesday	4.00	26	3	30	59	16	2	28	46	22.0%	61.46%	6,697.60	10,290.80	(3,593.20)
1/20/2016	Wednesday	5.00	43	9	40	92	37	8	37	82	10.9%	76.67%	11,939.20	12,863.50	(924.30)
1/27/2016	Wednesday	5.00	28	6	35	69	22	4	34	60	13.0%	57.50%	8,736.00	12,863.50	(4,127.50)
Totals Site One - Wednesday's			129	25	140	294	100	20	130	250	15.0%		36,400.00	48,881.30	(12,481.30)

Analysis of Call Center Activity





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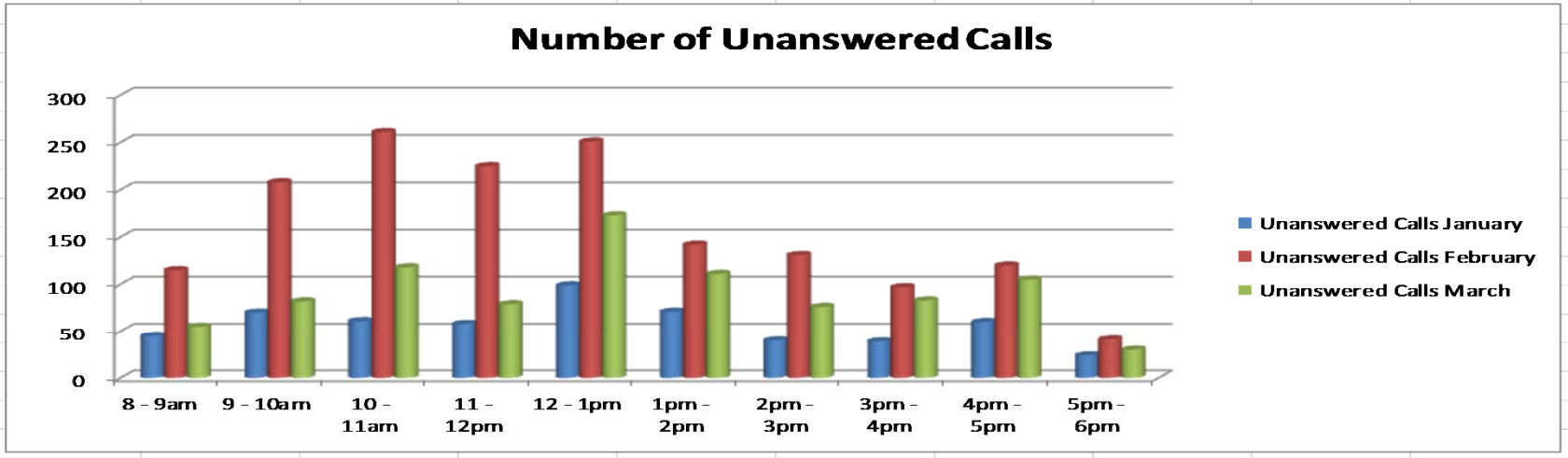
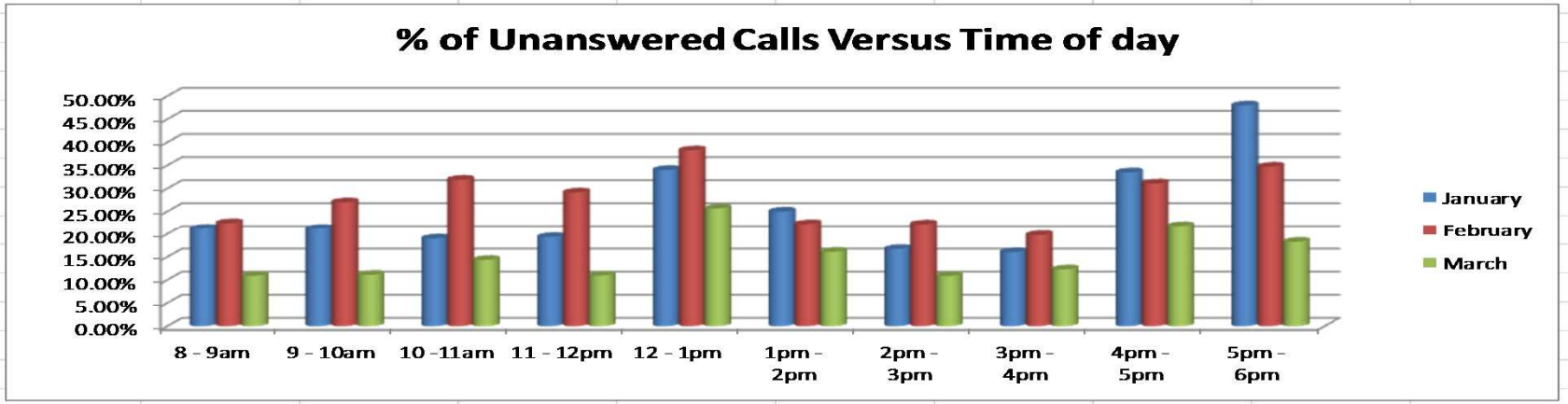
Analysis of Unanswered Calls





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Right Sizing - Services

What are issues with services offered?

- If we have services losing money, do we even know it?

- What are some options for services losing money?
  - Sites where offered?
  - Hours of operations
  - Provider and other staffing
  - Expansion?
  - Status quo? Decision to operate at a loss
  - Services to add, offer, expand, eliminate
  - Improve volume of services offered with existing staff
  - Eliminating programs that have lost grant funding or are losing money
  - Also how about getting rid of ancillaries, specialists, or inpatient? All of these "extras" may be losing money and jeopardizing the core mission of primary care.

Services Analysis

Profit (Loss) by Department								
Revenues	**Medical**	**Dental**	**Behav Hlth**	**Pharmacy**	**Lab**	**Facility**	**Admin**	**Totals**
Medicare	94,826	0	18,236	3,112	1,801	0		117,975
Medicare Managed Care	31,609	0	3,226	232	799	0		35,866
Medicaid	276,576	327,329	31,558	183,733	12,363	0		831,559
Medicaid Managed Care	79,022	0	2,215	658	8,858	0		90,753
Private Insurance/Other	118,533	25,393	25,402	36,426	8,974	0		214,728
Self-Pay @ 200% or Above	47,413	60,943	1,667	1,283	667	0		111,973
Self-Pay Below 200%	134,337	111,729	13,224	267,022	2,569	0		528,881
Federal Grant Funds	663,114	189,903	63,696	0	10,113	0	1,110,331	2,037,157
Other Revenue	2,751	681	52	0	744	0	80,777	85,005
Total Revenue	**1,448,181**	**715,978**	**159,276**	**492,466**	**46,888**	**0**	**1,191,108**	**4,053,897**
Allocation of CO Revenues	**602,538**	**297,894**	**66,269**	**204,898**	**19,508**	**0**	**(1,191,108)**	**0**
Revenue After Allocation of CO	**2,050,719**	**1,013,872**	**225,545**	**697,364**	**66,396**	**0**	**0**	**4,053,897**
Expenses								
Personnel								
Total Salaries Cost	1,068,909	635,256	75,701	0	36,258	13,810	273,171	2,103,105
Fringe Benefits	267,227	158,564	18,925	0	9,065	3,453	68,293	525,527
Total Personnel Cost	1,336,136	793,820	94,626	0	45,323	17,263	341,464	2,628,632
Contract Expenses	53,224	77,896	1,256	0	0	9,566	27,178	169,120
Supplies	27,287	52,154	627	536,448	18,993	6,562	12,208	654,279
Total Other Expenses	306,536	133,223	13,369	25,322	6,255	48,589	120,298	653,592
Total Operating Expenses	1,723,183	1,057,093	109,878	561,770	70,571	81,980	501,148	4,105,623
Allocation of Admin/Facil Costs	296,376	176,137	20,990	0	10,053	(81,980)	**(501,148)**	
Total Cost of Operations Per Site	**2,019,559**	**1,233,230**	**130,868**	**561,770**	**80,624**	**0**	**0**	**4,105,623**
Revenues Over (Under) Expenses	**31,160**	**(219,359)**	**94,678**	**135,594**	**(14,228)**	**0**	**0**	**(51,726)**

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Right Sizing Providers

2018 UDS National Data – Provider Productivity

Provider Type	2016 FTEs	2016 Visits/FTE	2018 FTEs	2018 Visits/FTE
Family Physician	5,721.43	**3,079**	6,117.26	**2,900**
General Practitioner	428.27	**3,305**	481.93	**3,001**
Internists	1,905.08	**2.969**	2,025.18	**2,832**
OB-Gyn	1,230.52	**2,858**	1,301.43	**2,728**
Pediatricians	2,694.68	**3,247**	2,950.42	**3,141**
Other - Specialty Physicians	439.12	**3,375**	517.71	**3,561**
Total Physicians	12,419.10	**3,095**	13,393.93	**2,955**
Nurse Practitioners	7,878.98	**2,560**	9,957.64	**2,504**
Physician Assistants	2,924.92	**2.845**	3227.05	**2,791**
Certified Nurse Midwives	680.78	**2,203**	728.35	**2,135**
Total Mid-Level Providers	11,484.68	**2,612**	13,613.04	**2,552**
Total Medical Providers	23,903.78	**2,863**	27,006.97	**2,752**

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Analysis of Provider Schedules

	Site One								Site Two					
	Provider Template Slots								Provider Template Slots					
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Totals		Monday	Tuesday	Wednesday	Thursday	Friday	Totals
Provider 1							0		19	19		19		56
Provider 2	26	26	26	26	26		130							0
Provider 3	23	17		19			59							0
Provider 4	26	26	26	26	26		130							0
Provider 5	26	26		26			78				26		26	52
Provider 6							0		26	26	26	26	26	130
Provider 7	26	26	26	26	26		130							0
Provider 8	26	26	26	26	26		130							0
Provider 9	14	28	26		16		84					28		28
Totals	167	175	52	149	52	0	741		45	45	52	45	52	266

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Analysis of Provider Schedules

Total Weekly Slots Available			
MD's (totals for 1 week X 44 weeks)	10,780		
Mid-Levels (totals for 1 week X 44 weeks)	33,528		
Totals	**44,308**		
Analysis		Actual Ann'zed Visits	Variance From Actual
Available Slots X 12 Months = Annual Visits	44,308		
X No Show Rate of 35%	15,508		
Net Billable Visits from Current Schedule	28,800	15,601	**13,199**
X Average Collections Per Visit of $145.00 =	$4,176,000	$2,262,145	**$1,913,855**

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Analysis of Affordable Provider Cost

Affordable Provider Cost at Current Fill Level		
Total Provider Cost		3,611,568
Filled Slots % of Total Slots Available		
15,007 ÷ 31,284 =		48.00%
Affordable Provider Cost		1,733,553
÷ Average Cost Per FTE Provider		
or $ 3,567,130 ÷ 7.9 FTEs =		451,535
Number of FTEs supported by Current		
Provider Productivity		**3.84**
Current Provider Visits Per FTE		**1,900**
Required Level Per FTE at Affordable Level		**3,960**

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Analysis of Provider Leave Time

Provider Name	FTE	Total Hrs.	Holiday	Vacation	Sick	CME	Other	Net Worked	Net FTE	# of Days Worked	# of Days In Yr/FTE	Avg. Days Off	Adj to 100% FTE Days Off
Provider 1	0.06	132.50		18.00				114.50	0.06	14	17	2	35
Provider 2	1.00	2,080.00	88.50	137.50	97.00	38.00	8.00	1,711.00	0.82	214	260	46	46
Provider 3	0.28	583.00	24.00	9.00	10.00			540.00	0.26	68	73	5	19
Provider 4	1.00	2,080.00	96.00	211.00	104.50		16.00	1,652.50	0.79	207	260	53	53
Provider 5	1.00	2,080.00	89.25	150.00		21.00	18.50	1,801.25	0.87	225	260	35	35
Provider 6	0.82	1,696.00	95.50	112.50	107.00		16.00	1,365.00	0.66	171	212	41	51
Provider 7	0.11	224.00	8.00	8.00				208.00	0.10	26	28	2	19
Provider 8	0.51	1,064.00	32.00	80.00	4.50			947.50	0.46	118	133	15	28
Provider 9	0.28	584.00	24.00	4.00				556.00	0.27	70	73	4	12
Totals and Averages	5.06	10,523.50	457.25	730.00	323.00	59.00	58.50	8,895.75	4.28	124	146	23	33

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Analysis of Provider Leave

Analysis of Provider Time Off		
# of Work Days in Year =		260.00
Avg.Work Days off Per Provider		33.00
Avg Work Days Per Provider		227.00
Outliers		
Provider 2		46
Provider 4		53
Provider 5		35
Provider 6		51
Cost of Excess Days		
53 Days X Avg Provider Cost/Day of $ 1758 =		$93,190

Delivery of Patient Service

WE MUST ESTABLISH A PRODUCTIVE ENVIRONMENT FOR OUR PROVIDERS!

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POTENTIAL BOTTLENECKS IN PATIENT SERVICE

- Exam rooms not “turned over” timely
- Provider running behind – not ready for the patient
- High number of patients found ineligible for their coverage

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- What are the root causes and impacts of these bottlenecks?

- What is the impact in number of visits that could have been completed if bottlenecks were eliminated?

ROLE OF CLINICAL SUPPORT STAFF IN CAUSING/REDUCING BOTTLENECKS

- Objective - To prepare facilities and patients for a productive visit with a provider as quickly as possible
- Clinical support staff (e.g. nurses, medical assistants) impact patient flow and provider productivity. They should:
  - Understand and perform their job functions (e.g., retrieve and prepare patients in a timely manner, prepare exam rooms, maintain exam room supply inventory);
  - Have supervision who monitors performance and resolves issues that negatively influence performance;
  - Be organized in a workable staffing model (i.e., nurses versus MAs) that has a sufficient complement.
    - ✓ There is not a "right" staffing model – instead health centers tend to equalize the cost of these staff by the skill level mix (i.e. CHCs with a nurse staffing model tend to have less clinical support staff per provider).

UNDERSTANDING THE MAJOR PROCESSES (THE COMPONENTS)

Role of Providers in Increasing Productivity

ROLE OF PROVIDERS IN INCREASING THEIR PRODUCTIVITY

- Objective - To provide the highest possible quality of care to the maximum number of patients
- Providers should:
  - Direct questions/comments/requests regarding appointment scheduling to the appropriate manager, not the staff person who performs the function.
  - Discuss schedule changes with the Chief Medical Officer as soon as possible (and secure approval, as appropriate).
  - Arrive at work at least 15 minutes before their first appointment each day (everyone needs prep time).
  - Avoid working in walk-in patients when it causes unreasonable delays for those with an appointment.
  - Resist the natural tendency to treat all the conditions of medically complex patients who have been noncompliant (e.g., repeat no-shows) during a single visit.
  - Establish a protocol to identify and then reschedule noncompliant patients.

ROLE OF PROVIDERS IN INCREASING THEIR PRODUCTIVITY

- Providers should:
  - Minimize time devoted to non-patient care activities
    - ✓ Occasions requiring long travel times (e.g., between care sites) during the middle of the day
    - ✓ Administrative time
    - ✓ Time off during peak volume cycles
  - Organize records so that basic patient facts (e.g., diagnoses, medications, treatment plans) can be easily identified.
  - Consistently document care, at least sufficiently to support selected diagnostic and procedure codes, before each patient is discharged.
  - Maintain an ongoing dialogue with support staff regarding ways to increase the team's collective productivity.
  - Share impediments to increased productivity with management and jointly conclude ways to eliminate them.

UNDERSTANDING THE MAJOR PROCESSES (THE COMPONENTS)

MANAGEMENT

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ROLE OF MANAGEMENT IN INCREASING PROVIDER PRODUCTIVITY

- Management will be most effective when they enable, not dictate, increased productivity

- (EVENTUALLY) Implement Incentive compensation
  - Will encourage increased provider productivity
  - Will not remove operational impediments that suppress it
  - Make start the conversation about, or make the providers stakeholders in, removing obstacles to productivity

- Operating processes that are clearly defined, thoroughly understood and consistently carried out are key

- Keep key operating data, i.e., 3rd next available appointment by provider, no shows, walk-ins, patient satisfaction, etc.

ROLE OF MANAGEMENT IN INCREASING CLINICAL PRODUCTIVITY

- Monitoring staff conformity with defined processes is required to ensure continued compliance.
  - Measure process time
  - Measure patient cycle time
  - Identify bottlenecks
  - Review exam room utilization
  - Review patient satisfaction surveys
  - Directly observe patient flow
  - Identify space needs of operations
  - Review health center space layout
  - Establish provider schedules and appointment scheduling
- Create a continuous feedback loop that informs ALL parties.
  - Oftentimes the best forum for communication is facilitated peer-to-peer interaction.

Right Sizing - Staff

Staffing Ratios

- When we're wanting to know about how our health center staffing compares to other health centers, what are we really asking about?
  1. _____?_____
  2. _____?_____
  3. _____?_____

SESSION GOALS

- UNDERSTAND YOUR COSTS
  - **Understand the difference between expenses and cost**
  - **The importance of analyzing unit costs**
- STRATEGIES FOR REDUCING COSTS
  - **Increase volume of business**
- UNDERSTANDING EXPENSES
  - Importance of Analyzing Expenses
- STRATEGIES FOR REDUCING EXPENSES
  - Reduce expenses to align volume, revenue, expense

EXPENSES

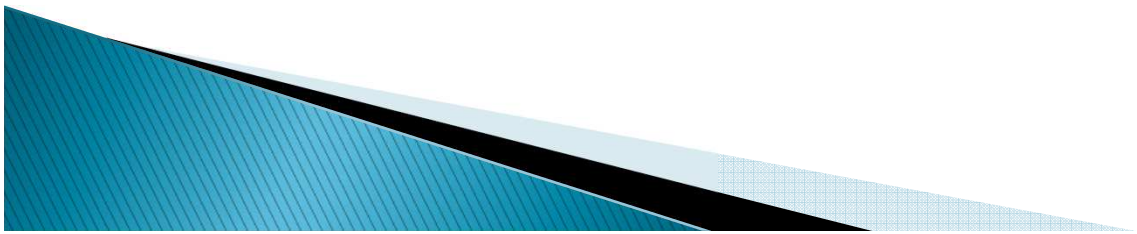
70% Personnel

10 % Facility

20% Other Than Personal Services

Components of Cost per Visit – Direct Medical Support Costs

Service Category	National CHC Ratio to Medical Providers
Medical Support Supervisors	0.14
Nurses - RN	0.48
Nurses - LPN	0.53
Medical Attendants	0.66
Phlebotomists	0.14
Managed Care Support (Clinical)	0.06
Referral Coordinators	0.12
Patient Triage Support	0.11
Medical Receptionists	0.63
Nurse Aide	0.31



2018 UDS Medical Staff Ratios

	UDS FTE	# FTEs Per Med Provider	Med Visits Per FTE
11. Nurses	18,444.52	0.68	4,180.52
12. Other Medical Personnel	32,464.34	1.20	2,375.15
	50,908.86	1.89	1,514.62
13. Laboratory Personnel	2,539.43	0.09	30,364.19
14. X-Ray Personnel	1,021.50	0.04	75,484.81
	3,560.93	0.13	21,653.82
15. Total Medical Services	54,469.79	2.02	1,415.61

2018 Dental Services Staffing Ratios

	FTE	Med Provider	Dental Providers
16. Dentists	5,099.72	0.19	
17. Dental Hygienists	2,682.75	0.10	0.53
18. Dental Assistants, Aides, Techs	10,932.85	0.40	2.14
19. Total Dental Services	18,715.32	0.69	

2018 UDS Mental Health Services Staff Ratios

	UDS FTE	# FTEs Per Med Provider	# FTEs MH Providers	Visits Per FTE	
20a. Psychiatrists	814.52	0.03		2,100	
20a1. Licensed Clinical Psychologists	924.88	0.03		1,099	
20a2. Licensed Clinical Social Workers	4,132.32	0.13	2.38	880	
20b. Other Licensed Men Hlth Prov's	3,382.13	0.10	1.89	967	
20c. Other Mental Health Staff	2,516.14	0.09	1.45	465	
20. Total Mental Health Services	11,769.89	0.38			

2018 UDS Other Services Staff Ratios

	FTE	Med Provider	Oph Providers	Per FTE	
22a. Ophthalmologist	45.11	0.00		2,179	
22b. Optometrist	362.28	0.01	8.03	2,480	
22c. Other Vision Care Staff	488.32	0.02	10.83		
22d. Total Vision Services	895.71	0.03		1,113	

2018 UDS Enabling Services Staff Ratios

	UDS FTE	# FTEs Per Med Provider	Visits Per FTE
24. Case Managers	9,140.72	0.34	532
25. Patient/Community Ed Specialists	2,645.50	0.10	621
26. Outreach Workers	2,578.45	0.10	
27. Transportation Staff	796.07	0.03	
27a. Eligibility Assistance Workers	4,421.25	0.16	
27b. Interpretation Staff	1,194.08	0.04	
27c. Community Health Workers	1,293.36	0.05	
28. Other Enabling Services	528.52	0.02	
29. Total Enabling Services	22,597.95	0.84	

2018 UDS Support Services Staff Ratios

			Visits
	FTE	**Med Provider**	**Per FTE**
29.b Quality Improvement Staff	3,072.46	0.11	25,096
30a. Management and Support Staff	22,741.43	0.84	3,391
30b. Fiscal and Billing Staff	13,042.39	0.48	5,912
30c. IT Staff	3,881.52	0.14	19,863
31. Facility Staff	5,816.15	0.22	13,258
	48,553.95	1.80	1,588
32. Patient Support Staff	37,841.20	1.40	2,038

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Questions???

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