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Practice Management in Local Health Departments Health Director Orientation

May 4, 2016

Training Objectives

- Provide an ***overview*** of Practice Management (PM)
- Provide context for the assessment and improvement planning to improve efficiency and revenue to sustain clinical services
- Review change concepts and resources to support PM work including the role of consultants and LHDs
- Provide an opportunity for questions and feedback

DPH Practice Management Team

- Requested by health directors based on current trends in public health across the state
  - ↓ Number of clients all programs = ↓ revenue
  - ↓ Medicaid Cost Study funding
  - ↓ Block Grant funding
  - Continued staffing and facility costs
- Local health directors and nurse managers joined DPH consultants to address current costs of delivery of clinical services in LHDs

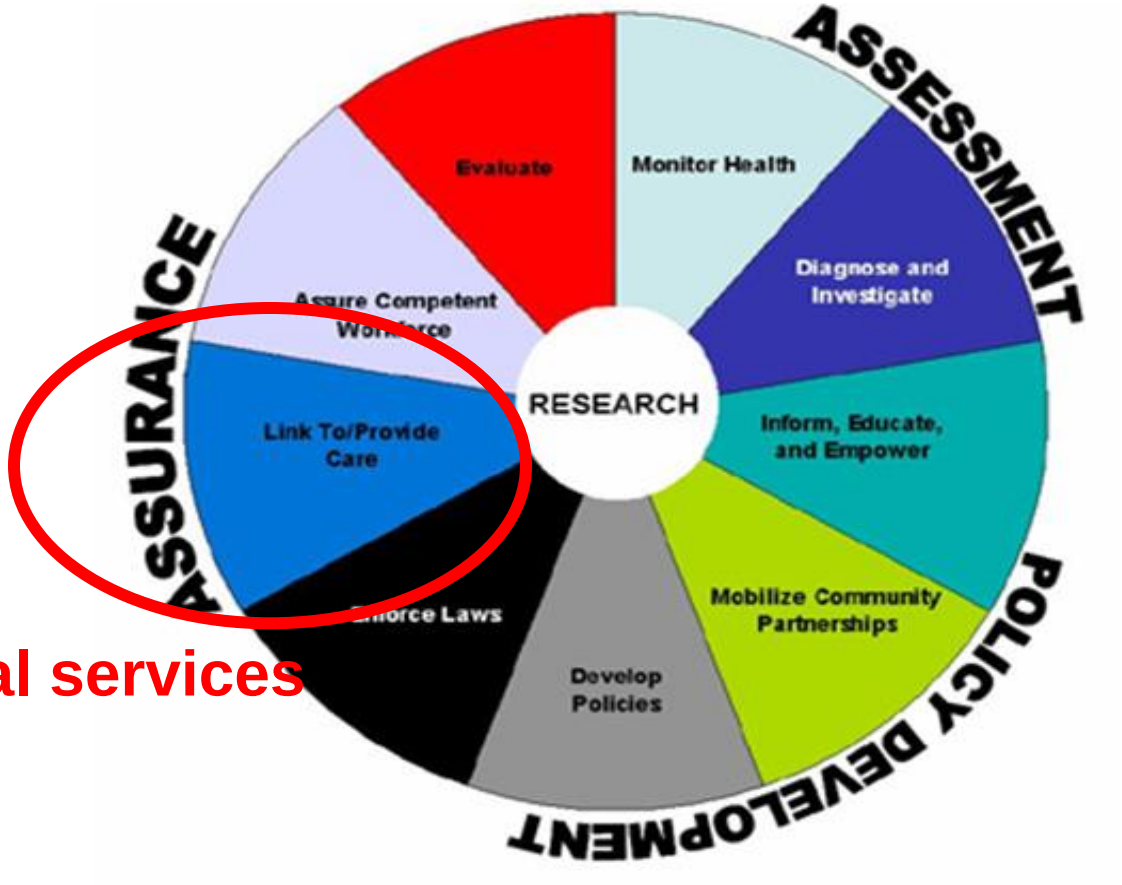
DPH PM Team Goal and Objectives

- Goal: Improved health outcomes through cost effective service delivery

- Objectives:
  - Improve clinic efficiency
  - Develop and test productivity benchmarks and staffing models
  - Develop tracking tools
  - Provide skills training

Why is PM work important?

The role of public health is to improve health outcomes of our communities



Clinical services

Why is PM work important?

Improved practice management skills support your ability to sustain personal health services and assure access to care

- Loss of Medicaid revenue impacts all programs and services

- Cost reductions identified with PM helps sustain needed clinical services and creates opportunity for redeployment of resources to community health

Practice Management

- Creates the structure, skills and processes to understand your clinical services and take data driven actions to:
  - Improve the clinical outcomes and patient care experience
  - Optimize staff resources to highest level of skill and licensure
  - Reduce costs through system waste reduction
  - Redeploy resources for population health strategies

PM Team Recommendations

- Establish Clinical Services Manager position or a Practice Management Team to cohesively manage clinical services
  - Joint objectives and decision making
  - Joint communication with staff
- Team members:
  - Finance
  - Nursing/clinical manager
  - ADM Support manager

PM Team Recommendations

- Health director develop specific clear SMART objectives for change
- Develop a local data dashboard to monitor progress and guide decision making
- Train PM Team in data analysis and joint decision making
- Designate a QI lead for change initiatives

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PM Data Dashboards

Measures

How will we know that changes are an improvement?

MEASURES

Why Measure?

- Make data driven, informed decisions
- Monitor progress toward goal(s)
- Monitor sustainability

What do we measure?

- Budgeted vs. actual revenue
- Revenue compared to costs
- Payer source by program
- Productivity benchmarks: capacity vs. actual
- Demand for services by program
- No show rate by program

Billing & Revenue Review

- Are you receiving your anticipated reimbursement from all pay sources?
- Does your agency bill insurance (other than Medicaid)?
- Do you currently have a designated staff person who reviews denials and rebills as needed?

Unduplicated vs Visits

- Unduplicated numbers reflect the individual clients seen
- Visits reflect the number of visits made by each unduplicated client
- Review the number of unduplicated clients and visits in each program you provide
  - Are the results what you expected? If not, consider why.
  - Do you need to make changes to affect them up or down?
  - What changes would you make?

Pay Source by Program

- Does your agency track how many visits are made by Medicaid and Non-Medicaid clients?
  - Identify the percent of Medicaid and Non-Medicaid clients in each program.
  - Consider ways to increase the number of clients with Medicaid coverage.

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Practice Management Assessment Tools

Clinical and Financial Workbooks

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What changes can we make that will result in improvement?

CONDUCT A DETAILED ASSESSMENT OF AGENCY CURRENT STATE

Reduce wastes ➔ improve efficiency in care processes

Common Wastes seen in Management Support Staffing

Non-value added Processing:

- Excessive lead times due to too many steps in process (duplicative or unnecessary): all clients going through eligibility/billing
- Completion of unnecessary tasks: i.e., unnecessary documentation, movement of staff or records

Underutilized employees

- Assignment of processes which do not require licensure and can be defined through policy & procedure (referrals, medical record requests, clinical data entry) to clinical staff

Common Wastes seen in Clinical Staffing

- Cross training vs task-specific considerations

- Considerations for Assignment of Management Support Staff

Common Wastes seen in Clinical Staffing

Underutilization of access capacity

- Provider or RN productivity less than benchmark
- Staffing capacity greater than demand for services
  - Calculate demand (Tool available); compare to your capacity
  - *Are you providing the services your clients want & need at times convenient to them?*
- No show rate >15%

Common Wastes seen in Clinical Staffing

- Excessive lead times due to duplicative or unnecessary steps in process → increase cost, impact health communication & client satisfaction
- Two staff when one will do, i.e. duplication of follow-up or processing, interpreter + RN for check-in or RN reviewing history when FNP must also review → higher staffing costs; ↑ lead times
- Staff not utilized to highest education & licensure →increase staffing costs
- Referral & Follow-up in excess of programmatic requirements and evidence based practice → increase staffing cost without improvement in outcomes

Common Wastes seen in Clinical Staffing

- Clinical productivity is impacted by provider efficiency, practice style & preference **AND what services are offered & how clinical services are organized:**

  - **Demand for services**
  - **How services are scheduled**

Common Wastes seen in Clinical Productivity

- Staffing scope, skill, and licensure
- Clinical space organization and standardization

Common Wastes seen in Clinical Productivity

- Best practice/evidenced based clinic flow models
- Move to EHR optimized clinic flow processes

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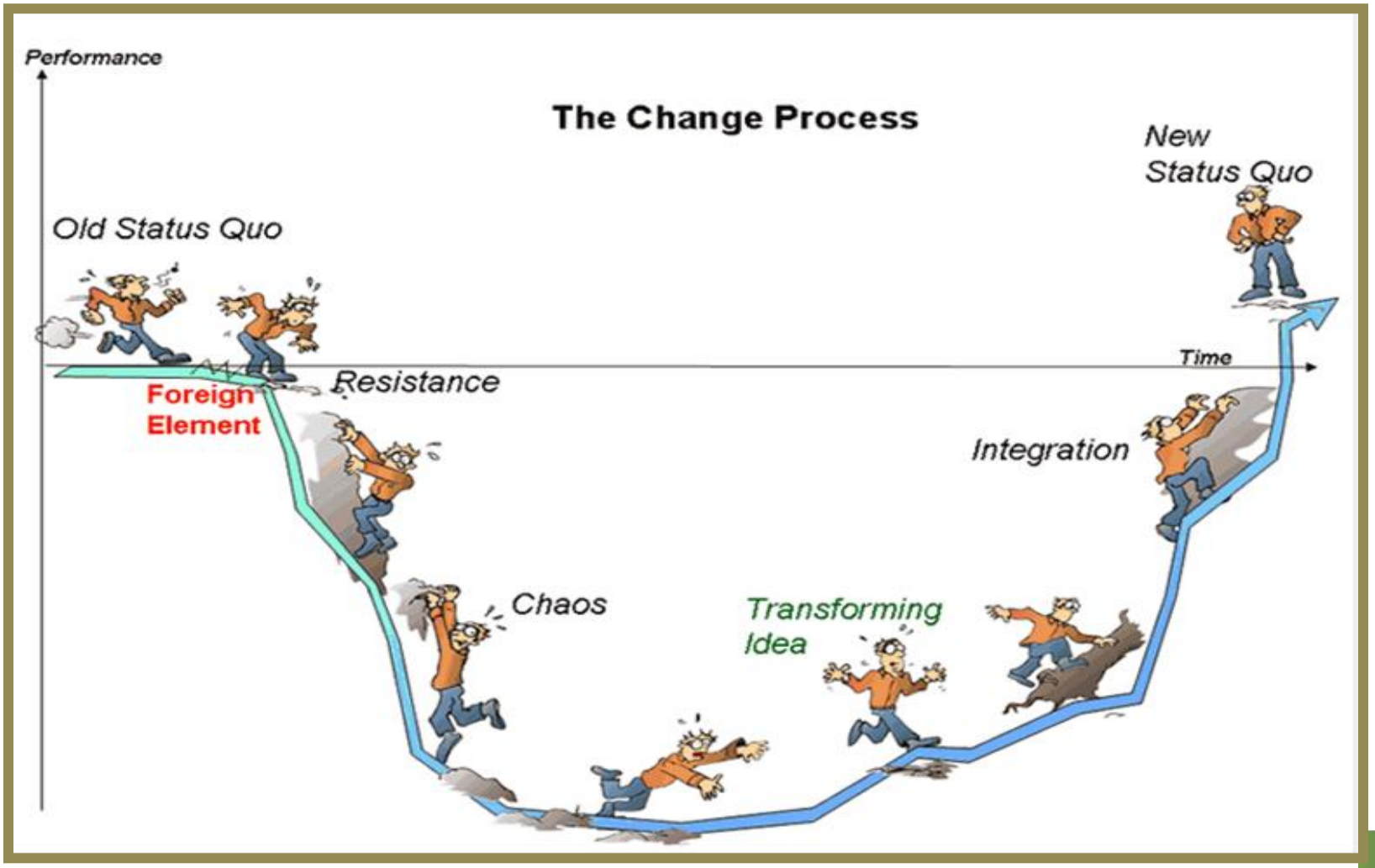
Next Steps: Improvement Structure & Planning

Change Management Process



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Change Communication

Communication must:

- *Clearly define* impetus for change & objectives, timelines, expectations
- Clearly define assessment process & how changes will be decided & made
- *Be consistent* from health director to middle managers to front line
  - Communication structure: all staff meetings, team meetings, huddles, data reports re: progress toward objectives

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Change Communication

Communication must:

- Recognize change process →implications for all stakeholders:
  - Example: the goal of the clinic efficiency is to optimize use of resources: staffing resources "freed" by reducing duplication & increasing efficiency & productivity will be redeployed to other value added services
  - **What will your staff hear?** *"they don't think we are working hard enough" or "if they reduce FTE assigned to clinic, they will RIF my position"*

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Change Communication

Communication must:

- Address anxiety & resistance re: multiple changes in status quo (their work life)
  - Help staff see new vision for clinic & public health for your community → working "smarter" increases value to community
  - Repeat ***clear & consistent*** messages often
  - Celebrate small successes & progress toward goals
  - *Identify and reframe resistance messages & messengers*

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Role of the agency PM Team

Develop an implementation plan which includes detailed steps, resource requirements, accountabilities, and monitoring data set

- Organized detailed plan and timelines communicate intent and resource commitment
- Expected outcomes and measures reinforce the why for change
- Build change capacity on continuous PDSA cycles and early successes on “low hanging fruit”

Monitor and communicate progress toward objectives with health director, staff, and lead consultant

Practice Management Resources

The Readiness Assessment must be completed and submitted to Phyllis Rocco at Phyllis.rocco@dhhs.nc.gov to request assistance from DPH Consultants - Practice Management Readiness Assessment

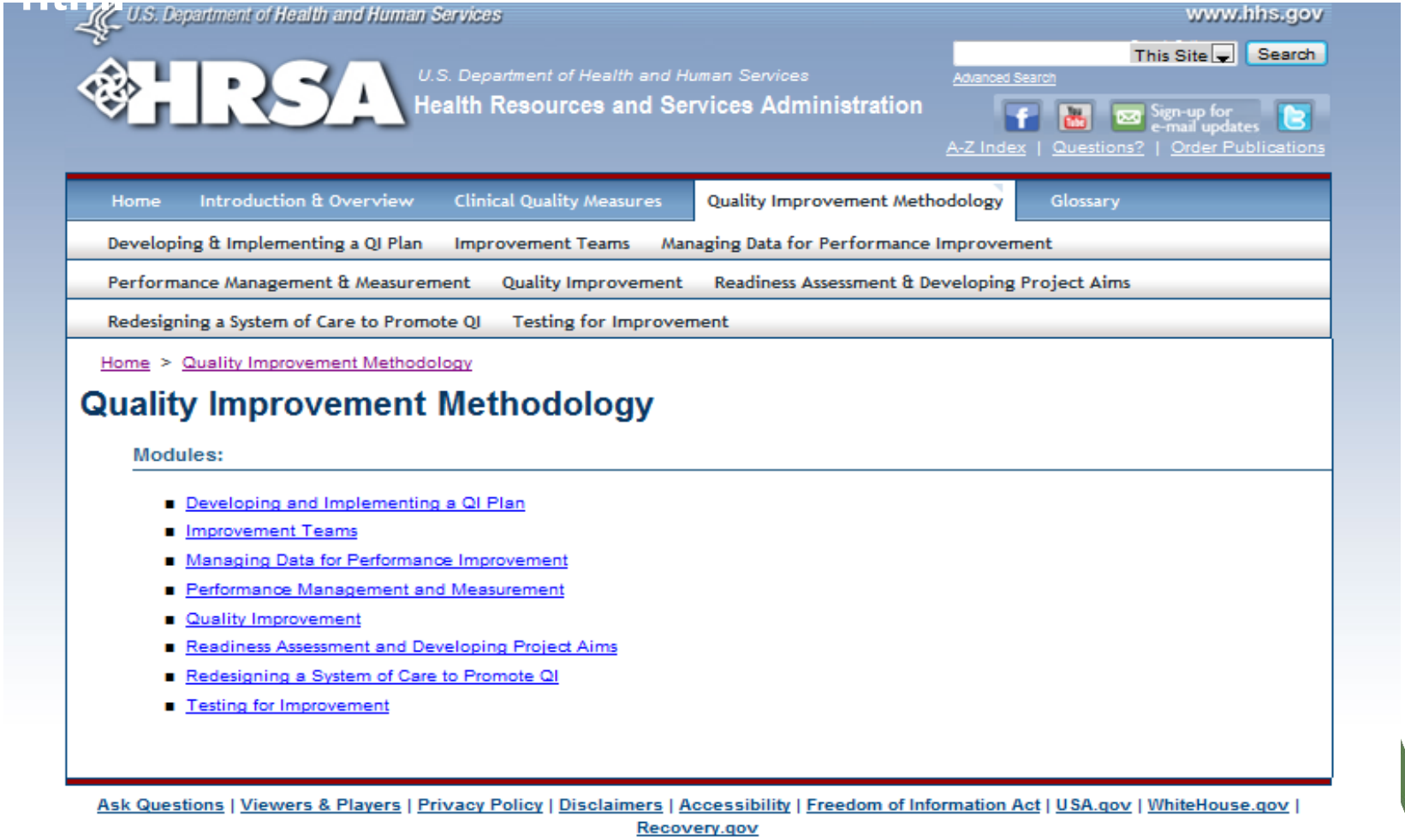
http://publichealth.nc.gov/lhd/

Practice Management

- Agreement between Local Health Department and DPH Consultants for Practice Management Consultative Support (PDF, 262 KB)
- Center for Public Health Quality Resources and Publications
- Clinical Data Dashboard (DOC, 207 KB)
- Clinical Staff Task Matrix (XLS, 20 KB)
- Clinical Staffing Data Worksheet (DOC, 17 KB)
- Demand Tracking Log (DOC, 45 KB)
- DPH Consultant Guidance Document - Tips for Starting Practice Management (PDF, 677 KB)
- Evaluation and Management Services Guide (DHHS Centers for Medicare and Medicaid Services) (PDF, 1.5 MB)
- Financial Data Dashboard (DOC, 61 KB)
- Guidelines for Teaching Physicians, Interns, and Residents (DHHS Centers for Medicare and Medicaid Services) (PDF, 1.4 MB)
- HIS Program Type Definitions (PDF, 16 KB)
- HIS/CSDW Report Descriptions (PDF, 71 KB)
- HRSA Quality Toolkit (PDF, 200 KB)
- Institute for Healthcare Improvement: How to Improve
- Instructions for Using the Setting Service Costs Analysis Sheet (PDF, 11 KB)

Practice Management Resources

http://www.hrsa.gov/quality/toolbox/methodology/index.



Next Steps

- Convene PM Team
- Complete PM assessment using the PM Clinical and Financial Workbooks
- If you need DPH Consultant support, the health director should complete & submit the **Readiness Assessment**
- Communicate key messages to agency staff

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Final Questions & Comments