

# REDESIGN AND FINANCE CHANGE PACKAGE

## DELIVERY SYSTEM DESIGN COMPONENT

CHANGE CONCEPT	KEY CHANGES	EXAMPLES
Optimize the care team	Assign a panel of patients to each provider and manage panel size and scope of practice	Use historical records to assign patients to a panel associated with a care team Develop scripts for appointment scheduling to reinforce the panel concept Develop policies for closing panels and for assigning new patients to a provider's panel
	Match work to an individual's capability and licensure	Use MA's and CNA's rather than just LPN's Add a lab tech or radiology tech to the team Use bi-lingual MA and front desk staff Use protocols for UTI/immunizations and others Use nurse visits
	Maximize provider productivity for each visit	Move unnecessary work away from the provider Use a huddle to share information and review patient and care team needs before a visit Assign a panel of patients to each provider and schedule accordingly Ensure all equipment, supplies, data, and manpower are available at the time of the visit Max pack where feasible

	Redesign the care teams	<p>Create cross-functional teams around and panel of patients</p> <p>Create a matrix reporting structure where staff report functional to a care team and line to a manager</p> <p>Redeploy back office staff (medical records, scheduling, billing) to a care team</p> <p>Cross train front desk staff to be able to help in the back</p> <p>Use promotoras</p>
Provide seamless and coordinated care to patients	Integrate behavioral health into primary care	<p>Retain counselors and social workers and integrate them into you care team</p> <p>Administer PHQ-9 screening for early detection and intervention</p>
	Create a planned visit for each encounter	<p>Use CIS to predict patient needs and plan the visit</p> <p>Use registry reminder systems to reach out to patients for follow up</p> <p>Review registry data in huddles prior to both the morning and afternoon clinic sessions</p> <p>Use visit agendas and review them with patients</p>
	Use a care manager to coordinate care	<p>Establish a care manager for a panel of patients</p> <p>Regularly review panel and patient level data</p> <p>Prepare for planned and acute visits using the registry data</p> <p>Coordinate logistics and care team needs prior to the visit</p> <p>Serve as primary point of contact for</p>

		external case managers Follow-up with local referral sources to collect data on patients
	Maximize the use of specialists	Schedule specialists into the center for a half or full day rather than making referrals Establish a referral specialist to coordinate necessary referrals
Eliminate waste and streamline work flow	Reduce cycle time	Decrease handoffs during the encounter Move check out to the nurses' station Check charts, encounter note printouts, lab work, etc. before patient arrives Telephonic registration Use walkie talkies to communicate Create line of sight communication to the clinical pod so all staff can see each other Bring work such as blood draws to the exam room rather than asking the patient to move Increase clinician support Start all visits on time Standardize room supplies and equipment Get all the tools you need Do today's work today! Eliminate unnecessary work!
	Recalibrate the system by working down the backlog	Establish a date after which time you only book future appointments for planned visits for preventive and chronic care (about 30% of your future schedule) Comb the schedule and remove all unnecessary future visits from the

		<p>schedule.  Temporarily add patient visit slots at the beginning or end of the day, or on weekends</p>
	<p>Understand and balance capacity and demand on a daily, weekly, and long term basis</p>	<p>Measure true demand  Inventory capacity and its fluctuations  Decrease number of appointment types  Modify schedule to match demand fluctuations  Centralize the scheduling function  Use huddles to make mid-course adjustments</p>
	<p>Use group visits and other alternate visit types</p>	<p>Use telephone and email visits  Schedule follow up with a nurse instead of physician for certain protocols  Use care managers to make home visits  Establish drop-in medical group appointments (DIGMA's)  Use group visits for chronic patients, physician and school exams, flu group visits and other logical affinity groups</p>
	<p>Plan for contingencies</p>	<p>Cross train staff  Establish policies on vacations  Anticipate flu season and staff up  Use group visits for school physicals  Use locum tenens to fill in for scheduled leaves</p>

## ORGANIZATION OF HEALTH CARE COMPONENT

CHANGE CONCEPT	KEY CHANGES	EXAMPLES
Use data to understand your practice and your business case	Complete a comprehensive diagnostic profile of your practice	Use Green Book assessment tools Benchmark against UDS or MGMA data
	Establish system level performance aims and use them to drive your business plan	Use spider diagrams to track performance against goals Post dashboards on data walls
	Promote transparency of data	Post financial results on an intranet site Share reports on bill rejections with clinical and non-clinical staff Use run charts to track individual staff performance Share clinical results with administrative and financial staff
Focus leadership attention on improvement	Visibly support improvement by aligning strategy, resources, and priorities for improvement	Include improvement as part of each report to the board Establish a budget for improvement activities Participate on improvement teams Leaders include reports from improvement teams at regular staff meetings
	Establish an effective communications infrastructure	Use multiple media for communicating <ul style="list-style-type: none"> <li>◇ Use an intranet</li> <li>◇ Establish a newsletter and get staff to volunteer to work on it</li> <li>◇ Set up a data wall for sharing reports</li> </ul> Include all staff in communications plan and make communications two way <ul style="list-style-type: none"> <li>◇ Give computer access to all staff</li> <li>◇ Use a virtual office all staff can contribute to</li> </ul> Use video conferencing for meetings to

		that outlying sites can be included
	Build improvement capability	<ul style="list-style-type: none"> <li>Include care model and model for improvement in orientation</li> <li>Provide time for team activities</li> <li>Set up “every problem matters” meetings for staff to bring up issues that require resolution</li> </ul>
	Develop staff to maximize their potential and create loyalty	<ul style="list-style-type: none"> <li>Institute a system of fair and equitable compensation</li> <li>Reward and recognize achievement</li> </ul>
Enhance revenue	Bill accurately and completely	<ul style="list-style-type: none"> <li>Analyze coding patterns and train providers on coding accuracy</li> <li>Share bill rejection information with clinical and non-clinical staff</li> <li>Establish a cost-based charge master</li> <li>Verify demographic information at each visit</li> <li>Account for all encounter forms at the end of the day</li> </ul>
	Improve collections	<ul style="list-style-type: none"> <li>Use process mapping to reduce bill cycle time</li> <li>Establish a collection plan for each payor</li> <li>Establish policies on up front collection of co-pays and self pay amounts</li> <li>Files claims electronically</li> <li>Facilitate patient application for any potential payment coverage</li> <li>Accept credit and debit cards</li> <li>Schedule appointments with a financial counselor prior to a new visit</li> <li>Provide front desk staff a script for collecting money</li> </ul>

	Use data to influence payors and policymakers	Ask your state Medicaid office to model total costs for health center patients as compared to others Approach employers and model cost reduction and productivity improvement
	Seek new sources of revenue	Contract directly with self-insured employer groups Establish on-site clinics at employer worksites Contract with local hospitals to set up a chronic disease center of excellence
Eliminate waste and reduce cost	Renegotiate contracts	Standardize supplies ordering Develop protocols for referrals to costly services Work with suppliers to improve existing contracts and materials management systems Re-visit mortgages, leases, and loan agreements and explore opportunities to renegotiate more favorable rates
	Exploit technology	Use fax for medication refills Use hand held devices for medication prescriptions Evaluate the ROI for purchasing on onsite HbA1c analyzer Do electronic billing
	Apply lean principles to core processes	Complete a process map of each core process Standardize forms and protocols Evaluate and improve inventory Streamline communications Minimize movement in the system Evaluate Pull vs. Push Systems

		Error proof your systems Focus on lead time reduction Eliminate waiting Eliminate rework and needless inspection Minimize overproduction
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