

Operational and Financial Metrics that evaluate PA/NP contribution

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Disclaimers/Disclosures

- No financial disclosures
- Disclaimers: - I am a member of Guidewell leadership academy class of 2024

Objectives

01

Create awareness and understanding of the importance of Financial Metrics of Healthcare Organizations

02

Provide solutions to how to measure productivity of APPs

03

Focus on organizational financial growth and highlighting the impact of APPs on growth

Agenda



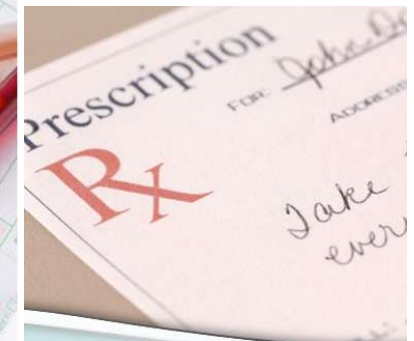
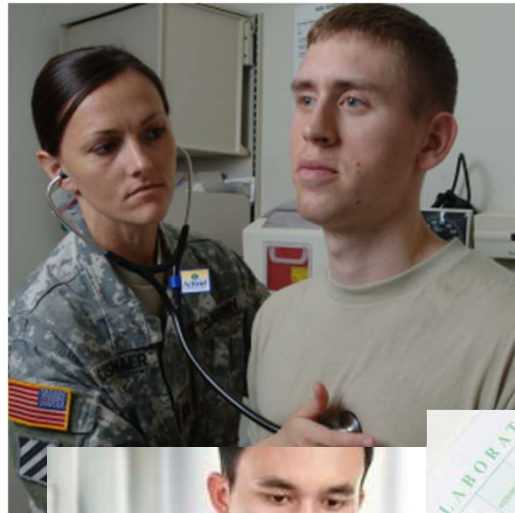
Reminder: Role of PAs/NPs – All Healthcare settings

- They conduct physical exams.
- They diagnose and treat illnesses.
- They write prescriptions.
- They order and interpret medical tests.
- They counsel on preventive health care.
- They educate patients and their families.
- They assist in surgery.
- They perform procedures.
- They round in hospitals.

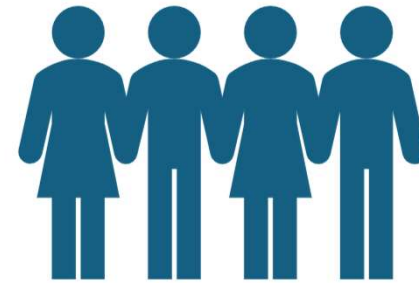


Reimbursement for PAs/NPs: Established in Federal Law.

1. Will you be paid: **YES**
2. How Much : Payer specific
 1. CMS – 85% PFS
 2. Other Payers – 85 - 100% depending on the payer
3. What and When you get paid: Depends On.....
 1. **Maximize knowledge and training of PAs/NPs**
 2. **Organizational Utilization**
 3. **Organizational Structure**
 4. **Organizational Documentation**



PATIENTS



MODERNIZING PA PRACTICE LAWS IS A WIN FOR PATIENTS

PAs should be allowed to provide care to the fullest extent of their education, training, and experience.



Total Support

92%

PAs should be utilized to address healthcare workforce shortages.



92%

Fully using all trained and educated healthcare providers, including PAs, improves patient health.



91%


PA practice laws should be updated to allow states and healthcare systems to fully utilize their healthcare workforce.



91%

HARRIS POLL KEY FINDINGS

THE PUBLIC IS
WORRIED ABOUT
THE FUTURE OF
HEALTHCARE

73% 
say the healthcare
system fails to meet
their needs

71% 
worry demands on
providers are too
great

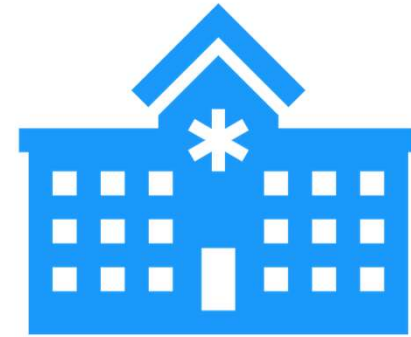
HOWEVER,
PATIENTS BELIEVE
PAs CAN MAKE A
DIFFERENCE

95% 
of PA patients felt
valued by the care
they received

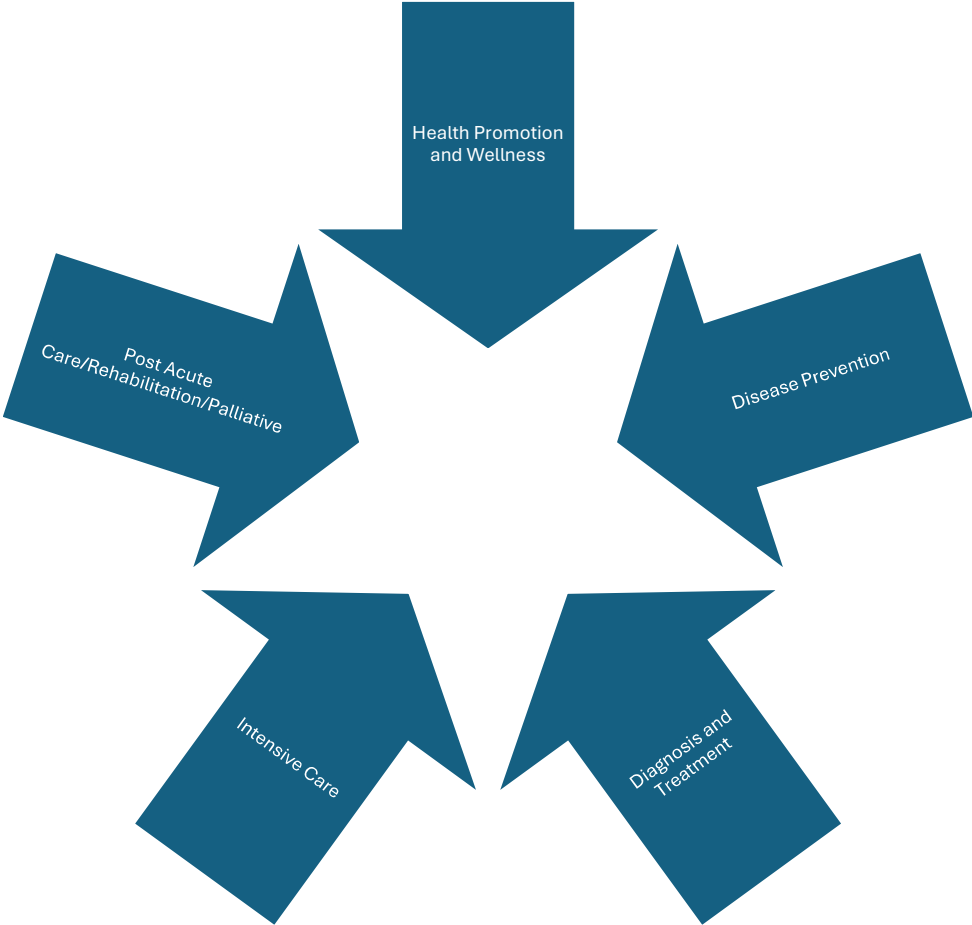
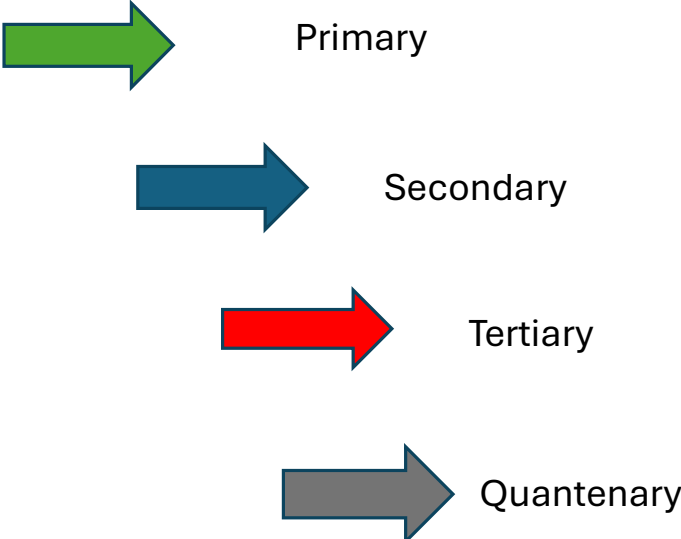
89% 
agree PAs improve
health outcomes

PRACTICE

Structure
Documentation
Utilization



Major Services in Healthcare





Organizational Structure: Policy

Adherence, revenue and cost opportunities



Compliance Challenge

- Understand Employment relationship
- Private physicians vs. Employed PAs/NPs but Not in the same group
- Part A vs. Part B services



Policy Adherence Opportunity

- Strengthen PA/NP Physician Collaboration
- Enhance PA/NP Clinical documentation
- Document clinical partnerships
- Establish, Review and Improve collaborative agreements



Billing & Reimbursement Opportunity

- Bill for Part B services
- Implement billing for specific services
- Develop structure around billing mechanisms
- Promote physician engagement and communication on billing strategy

Reference : CMS- MCPS – Ch. 12 Part B services

Expand Organizational Revenue Cycle Management plan to Incorporate PAs/NPs .

Creating an inclusive and comprehensive RCM plan will ameliorate risk and increase revenue

Engage 3rd party RCM groups for consultation and support as needed

Types of financial Models to include in RCM

Option
1

- Direct billing (*narrow – scope support*)
 - EMR documentation : Specific services, for a single calendar day

Option
2

- Lease-back model (*broad-scope support*)
 1. Embedded full-time PA/NP support
 2. Calendar day: Purchase groups of 24 hours of PA/NP services per unit or per patient per day

Option
3

- Mixed approach
 - Direct billing
 - Lease-back model

Option
4

- No PA/NP support

Example of Lease-Back Model – Detroit Medical Center

Prior DMC Lease-Back Model

- Process - Contracts were in place with invoices that were not followed up
- People – Chairs were disputing accuracy of services provides
- Platform – Lack of reporting and tools for billing, payment and reconciliation & utilization of DMC EMR enhancement
- Performance - Lack of KPI's , reconciliation process, performance reviews

Proposed DMC Lease-Back Model

- Process – Implement new contracts with solid P&P's in place with provider enrollment process
- People – Provide reports to subscriber for reconciliation and disputes
- Platform – revenue cycle management program/system & enhance EMR documentation
- Performance - Implement regular KPI's , reconciliation process, performance reviews

EMR order for APP/MLP services

EMR Enhancement for compliance

Careset - Admit Patient Orders.

Component	Order Details
<input type="checkbox"/> Admit to Inpatient	T;N
<input type="checkbox"/> Change Physician or Service Assignment	T;N
<input type="checkbox"/> MLP to Perform H&P and Admission.	01/19/2015 09:53

No Results

Details for MLP to Perform HP and Admission.

Details | Order Comments | Diagnosis

Order comments

Hospital will bill for MLP service.

Careset - Admit Patient Orders.

Component	Order Details
<input type="checkbox"/> Admit to Inpatient	T;N
<input type="checkbox"/> Change Physician or Service Assignment	T;N
<input type="checkbox"/> MLP to Perform H&P and Admission.	01/19/2015 09:53
<input checked="" type="checkbox"/> MLP to Round and Provide Daily Care to Patient	01/19/2015 09:53, 1, Day(s)

No Results

Details for MLP to Round and Provide Daily Care to Patient

Details | Order Comments | Diagnosis

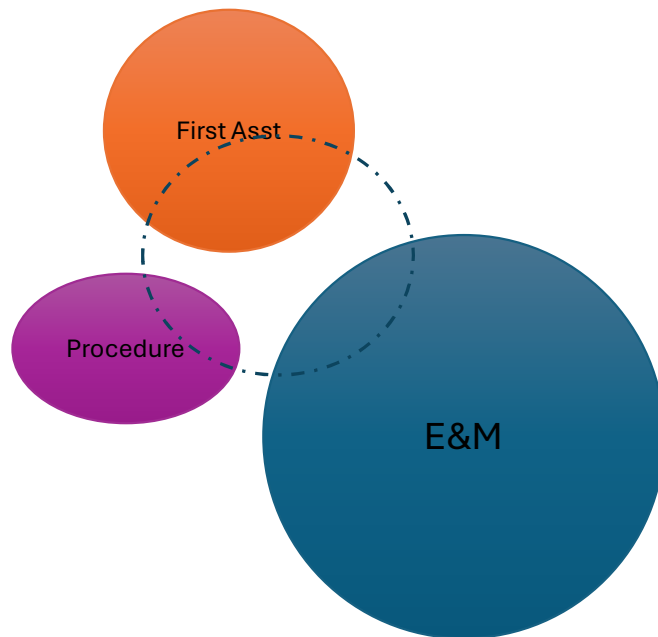
Order comments

This order expires at midnight.
Hospital will bill for MLP services

Comprehensive Revenue Program

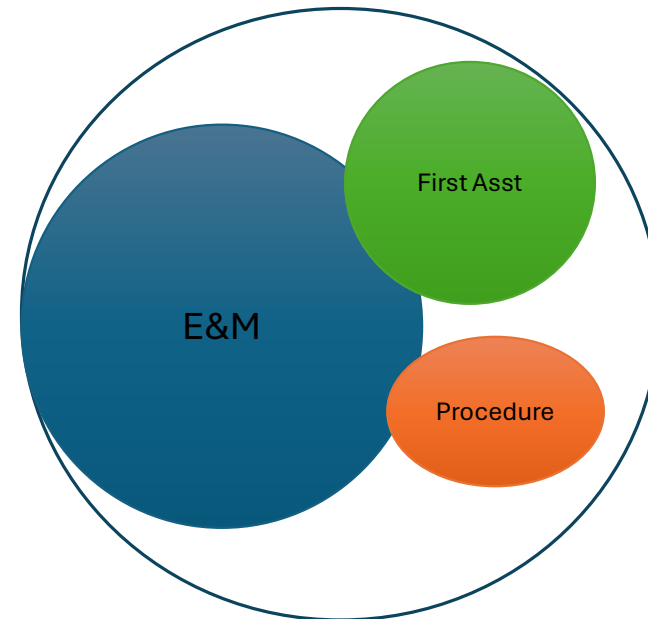
Current State

Leakage and billing gaps



Proposed State

Comprehensive Revenue Cycle Management Program



Legend:

- . - Leakage and billing gaps
- Closed leakage and billing gaps

A Model to enhance PA/NP productivity – Continuum of Care Service (CCS) Inpatient Model

“care for all patients all the time”

Elements to consider for your Inpatient CCS

Hours of operation
24hrs
(Shifts)

Emergency
Department visits
and admissions

Transfer Center

Hospitalist. Vs.
Community vs.
Academic
services

IT/EMR Support

Billable Entity and
RCM

Compliance
Review

CCS Executive Summary



Patient safety, Quality care and Elimination of delays in care



Not a “tuck – in” service



Services are physician based services – Hence cannot be performed by RNs



Inducement is eliminated by billing for the service



Staffed by PA/NPs, but MDs have a Daily Billable Option



Cost is defrayed by billing for specific services



CSA for the MDs – Pay for Collaboration/Supervision PRN

Avoid “Tuck- in” Service

Elements	CCS model	“Tuck-In”
Physician Services (Admissions, Orders, Cross Coverage)	Yes	Yes
Provider bills for service	Yes	No
Compliance Risk (Double Billing)	Medium*	Low
Appearance of Physician Inducement	Low	High
Short Term Gain	Yes	Yes
Long Term Sustainability	Yes	No
Implementation	Complex**	Easy
Cost	Low	High

Goals for CCS models



ENHANCE PATIENT SAFETY
AND QUALITY



ELIMINATE DELAY IN PATIENT
CARE



PROVIDE UN-FRAGMENTED
CARE THROUGH THE OUT PT,
INPT AND TRANSITION
STAGES OF CARE DELIVERY



IMPROVE PATIENT
SATISFACTION



ENHANCE LEGAL AND
FISCAL RESPONSIBILITY FOR
THE CARE OF PATIENTS

Methodology



Recruit PAs/NPs (Trained in IM)



Coverage for inpatient services at night



Part A – services will be provided (Nursing Care)



Part B services will be provided and billed as a daily billable option for MDs (APP Care)



Daily billable option for MDs – based on calendar day

Methodology (cont.)



EMR Order set –
Determine DBO



Attestation in Notes –
Indicates DBO

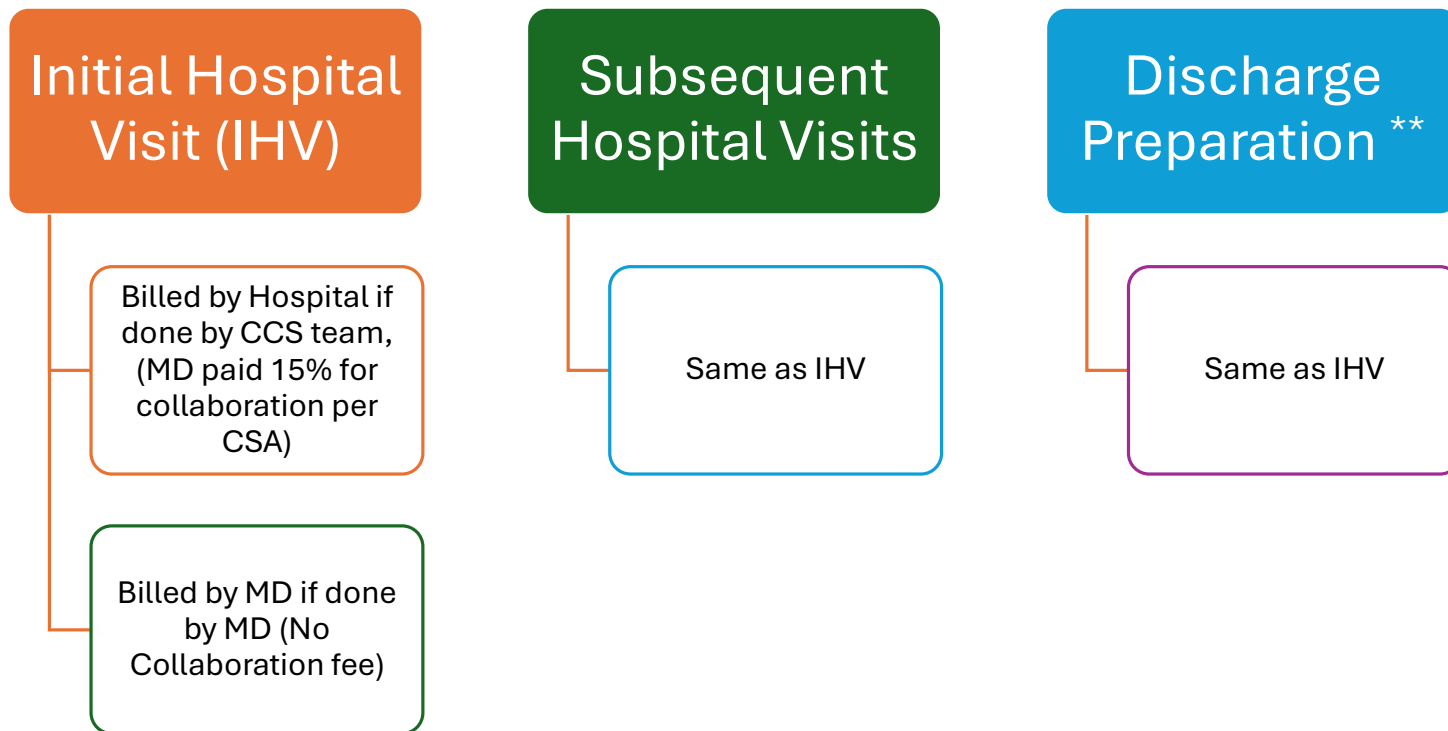


CSA between Hospital
and MDs



15% % of billable
encounter/pt. paid to MD
for collaborative /
supervision responsibility

Daily Billable Option (DBO)



Services of CCS



ADMISSIONS FOR ANY
IM MDS



CROSS COVERAGE
FOR ANY IM MDS



DAILY THROUGHPUT
FOR ANY IM MDS

Organizational Metrics

Key Performance Indicators (KPI)

Corporate Performance Indicators (CPI)

Patient Experience

Organization Performance

- Key Performance Indicators (KPIs)
- Patient Experience (HCAPHS v. CAPHS)
- Lean Daily Management
- Medicare Conditions of Participation
- Financial Incentives



Key Performance Indicators (KPI's)



KPI's are measures of process performance.



They are selected by data-driven methods to create focus on those things important to customer, employee and stakeholder satisfaction, through people and process.



They should be “customer facing”, yet should assure we keep focus on both external and internal environment



They should be grouped into the established organizational pillars. Examples

Quality
People
Service
Cost
Savings

Rationale for Clinical Co-Management

- ***External Transparency Public Reporting***
 - Hospital & Physician Impacted By Clinical Metrics Tied To Payment
- ***Clinical Quality Focused Equals Top Tier Programs***
 - Hospital & Clinical Practitioners to Top Decile
 - Strengthen Local & Regional Reputation
 - Success Breeds Success
- ***Co-Management Structure Is a Proven Vehicle***
 - Active Participation & Consensus
 - Focusing on the Priorities
 - Win-Win for Physician & Hospital
 - Providers and Administrators Set the Direction

Management Operating Agreement (MOA) - Highlights

- **Term: 10 Years (Renewable)**
 - Dissolution by Vote of Governance Board at Any Time
- **MOA Addresses**
 - Membership Eligibility
 - Governance Structure, Voting and Tenure
 - Duties of Members
 - Investment Buy and Sell Criteria
 - Future Capital
 - Compensation & Taxes
 - Process for Removal of Investors for Due Cause
 - Liability Limitation of the LLC
 - Non-Compete Restrictions and Disclosure - ~~Removed~~ from Agreement
- **One Time Buy-In Unit Price:\$4,000**
- **Ownership: 50% Physician Members & 50% Hospital Member**
 - Example: 25 Investors * \$4,000 = \$100,000 = Hospitals' Total Investment (\$100,000)
- **Investor “Window”: Now and at New 12-Month Incentive Period***

***Governance Board (GB) Decision Subsequent Years**

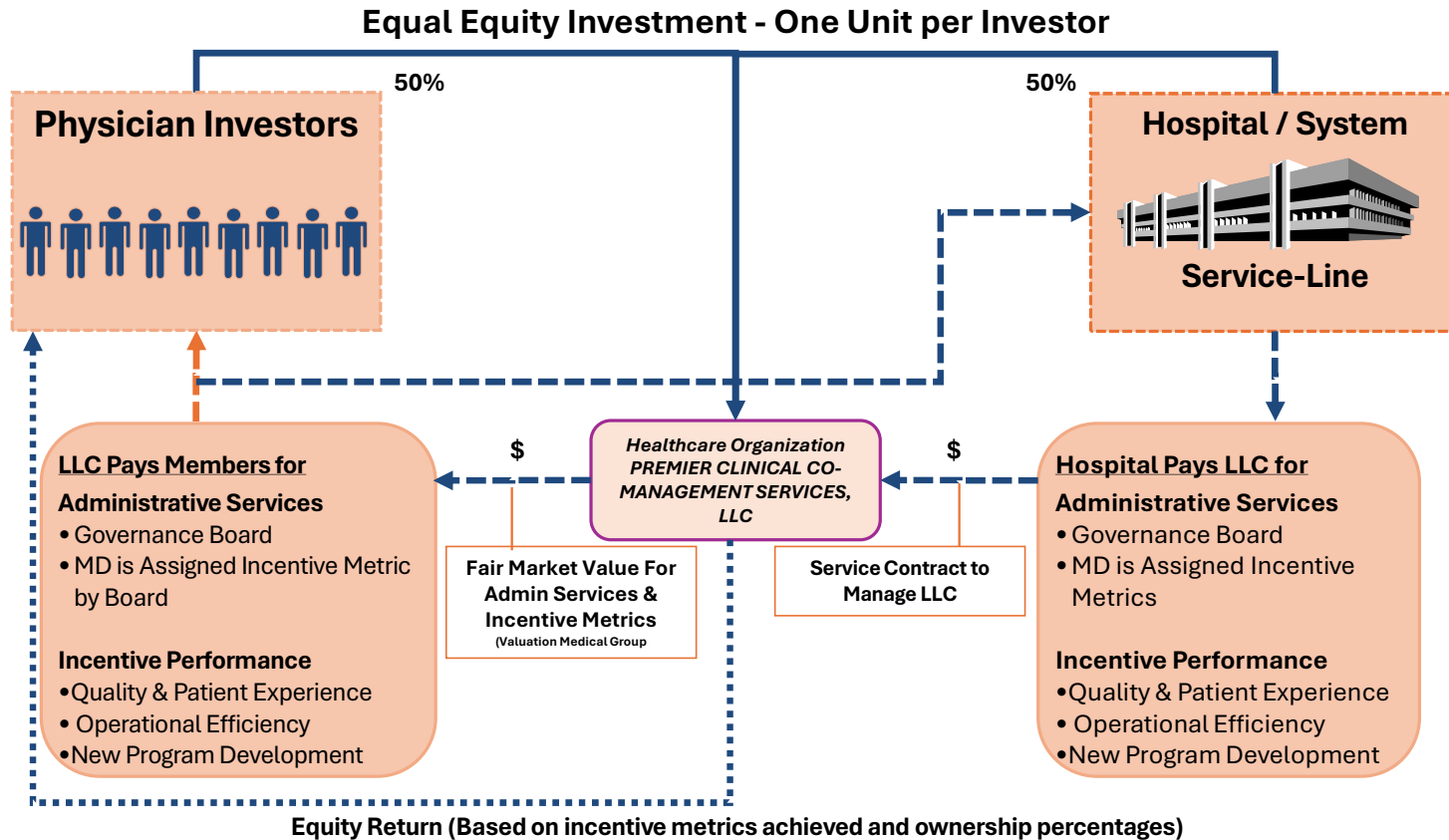
Example of Organizational Metrics

Incentive Metric	Metric #	% of Total Incentives	Current Baseline	Performance Level 1 (50%)	Performance Level 2 (75%)	Performance Level 3 (100%)
Quality, Safety, and Patient Satisfaction		77.5%				
Reduce 30-Day Unplanned Readmissions Rate - All Cause Chronic Obstructive Pulmonary Disease (COPD)	1	12.5%	19.7%	≤ 19.0% to ≥ 17.5%	≤ 17.4% to ≥ 15.1%	≤ 15.0%
Reduce 30-Day Unplanned Readmissions Rate - All Cause Heart Failure (HF)	2	12.5%	28.3%	≤ 27.0% to ≥ 22.5%	≤ 22.4% to ≥ 19.1%	≤ 19.0%
Reduce 30-Day Unplanned Readmissions Rate - All Cause Pneumonia (PN)	3	10.0%	8.2%	≤ 9.0% 4 of 4 Qtrs	≤ 9.0% 4 of 4 Qtrs	≤ 9.0% 4 of 4 Qtrs
Reduce Incidence of Hospital Acquired Condition (HAC): Catheter Associated Urinary Tract Infection (CAUTI)	4	7.5%	3	Zero Incidence 2 of 4 Qtrs	Zero Incidence 3 of 4 Qtrs	Zero Incidence 4 of 4 Qtrs
Reduce Incidence of Hospital Acquired Condition (HAC) Central Line Associated Blood Stream Infection (CLABSI)	5	10.0%	2	Zero Incidence 2 of 4 Qtrs	Zero Incidence 3 of 4 Qtrs	Zero Incidence 4 of 4 Qtrs
Increase HCAHPS Composite Score: Patient Satisfaction - Physician Communication	6	7.5%	79.1%	≤ 82.5% to ≥ 80.0%	≤ 84.9% to ≥ 82.6%	≥ 85.0%
Increase HCAHPS Composite Score: Patient Satisfaction - Care Transition	7	7.5%	42.5%	≤ 48.4% to ≥ 44.0%	≤ 49.9% to ≥ 48.5%	≥ 50.0%
Increase Net Promoter Score: Physician Engagement & Loyalty Score	8	5.0%	49.1	≥ 55.0	≥ 57.5	≥ 60.0
Develop and Compliance to: Evidence-Based Antibiotic Stewardship Protocols	9	5.0%	Develop Baseline Source	Develop & Approve Plan in 3 mo's & Start Process and Set Compliance	Set Performance Level 1 with PwC guidance after baseline is determined	Set Performance Level 2 with PwC guidance
Operational Efficiencies		17.5%				
Develop and Compliance to: Evidence-Based Appropriate Use Criteria - Imaging Studies	10	7.5%	Develop Baseline Source	Develop & Approve Plan in 3 mo's & Start Process and Set Compliance	Set Performance Level 1 with PwC guidance after baseline is determined	Set Performance Level 2 with PwC guidance
Compliance to: Signed Discharge Orders & Discharge Documentation by 11 AM for Eligible Patients	11	10.0%	36.0%	≤ 49.9% to ≥ 40.0%	≤ 54.9% to ≥ 50.0%	≥ 55.0%
New Program Development		10.0%		Milestones Level 1 (50%)	Milestones Level 2 (75%)	Milestones Level 3 (100%)
Develop Plan and Compliance to: Supportive and Palliative Care Program	12	10.0%	Develop Baseline Source	Assess Core Components for Program 3 mo.'s	Polices & Procedures & Resources Finalized 4 mo.'s - 6 mo.'s	"Go Live" Month 7

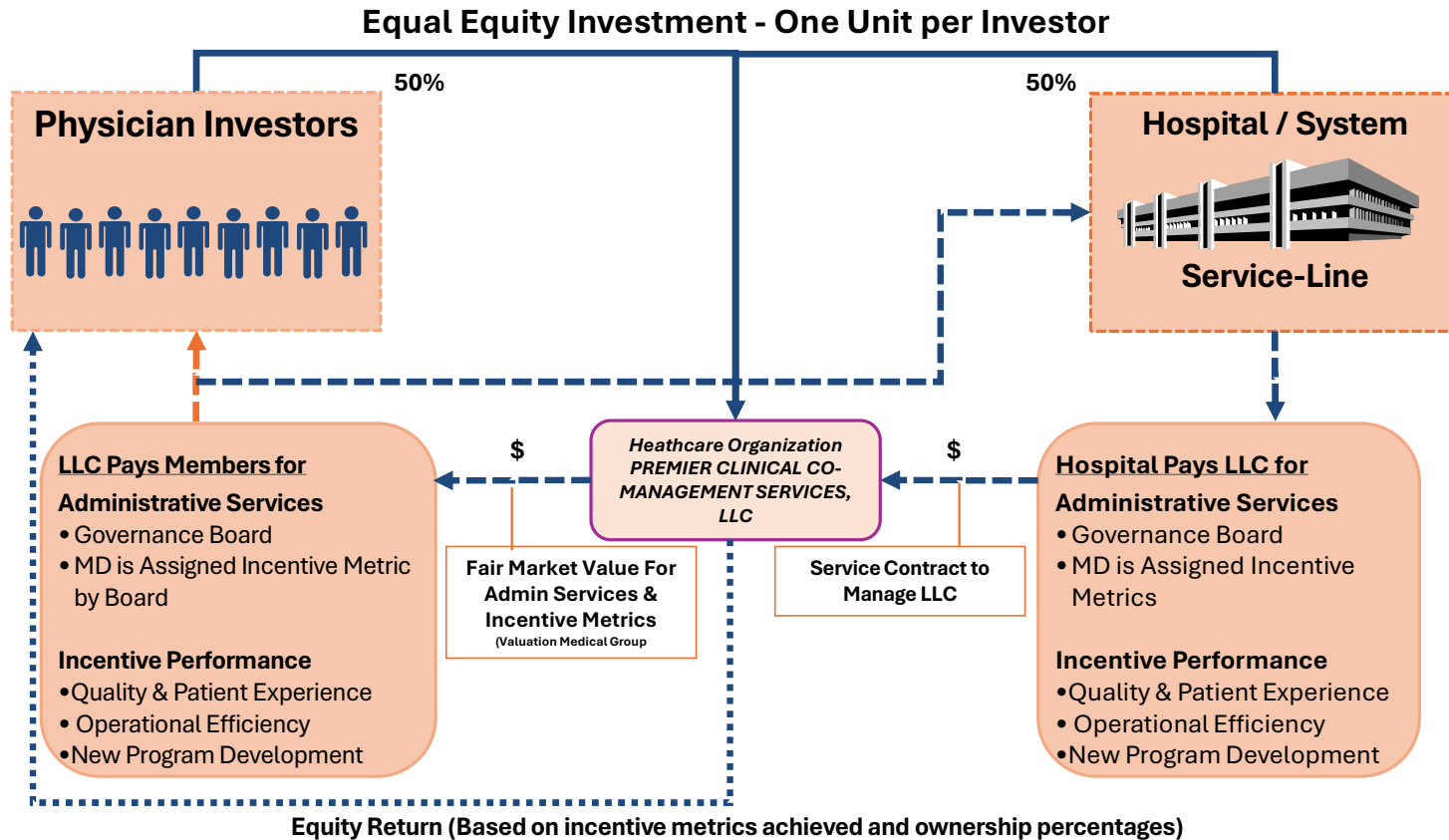
Example of Incentive Metrics with Payout Levels & Totals

Co-Management Contract Incentive Metrics Value	\$ 900,000	Example Payout@ ~ 78%					Actual Payout Amount \$	Cumulative Actual Payout = 78.1%
Quality, Safety and Patient Satisfaction	72.5%	Incentive Financial Value	50% Performance Level 1	75% Performance Level 2	100% Performance Level 3			
Reduce 30-Day Unplanned Readmissions Rate - All Cause Chronic Obstructive Pulmonary Disease (COPD)	12.5%	\$112,500	\$56,250	\$84,375	\$112,500	\$112,500		
Reduce 30-Day Unplanned Readmissions Rate - All Cause Heart Failure (HF)	12.5%	\$112,500	\$56,250	\$84,375	\$112,500	\$84,375		
Reduce 30-Day Unplanned Readmissions Rate - All Cause Pneumonia (PN)	5.0%	\$45,000	\$22,500	\$33,750	\$45,000	\$33,750		
Reduce Incidence of Hospital Acquired Condition (HAC): Catheter Associated Urinary Tract Infection (CAUTI)	7.5%	\$67,500	\$33,750	\$50,625	\$67,500	\$50,625		
Reduce Incidence of Hospital Acquired Condition (HAC) Central Line Associated Blood Stream Infection (CLABSI)	10.0%	\$90,000	\$45,000	\$67,500	\$90,000	\$67,500		
Increase HCAHPS Composite Score: Patient Satisfaction - Physician Communication	7.5%	\$67,500	\$33,750	\$50,625	\$67,500	\$50,625		
Increase HCAHPS Composite Score: Patient Satisfaction - Care Transition	7.5%	\$67,500	\$33,750	\$50,625	\$67,500	\$50,625		
Increase Net Promoter Score: Physician Engagement & Loyalty Score	5.0%	\$45,000	\$22,500	\$33,750	\$45,000	\$33,750		
Develop and Compliance to: Evidence-Based Antibiotic Stewardship Protocols	5.0%	\$45,000	\$22,500	\$33,750	\$45,000	\$33,750		
Operational Efficiency	17.5%	Incentive Financial Value	50% Performance Level 1	75% Performance Level 2	100% Performance Level 3	Actual Payout Amount \$		
Develop and Compliance to: Evidence-Based Appropriate Use Criteria - Imaging Studies	7.5%	\$67,500	\$33,750	\$50,625	\$67,500	\$50,625		
Compliance to: Signed Discharge Orders & Discharge Documentation by 11 AM for Eligible Patients	10.0%	\$90,000	\$45,000	\$67,500	\$90,000	\$67,500		
New Program	10.0%	Incentive Financial Value	50% Performance Level 1	75% Performance Level 2	100% Performance Level 3	Actual Payout Amount \$		
Develop Plan and Compliance to: Supportive and Palliative Care Program	10.0%	\$90,000	\$45,000	\$67,500	\$90,000	\$67,500		
Total Incentive Percent	100.0%	Incentive Financial Value	Actual Payout Level 1	Actual Payout Level 2	Actual Payout Level 3	Actual Payout Level		
Paid Incentive Performance Payout from MSA (\$)		\$900,000	\$450,000	\$675,000	\$900,000	\$703,125		
# Physician Investors		50						
Per Physician Portion Incentive Payment Based on Level Achieved			\$9,000	\$13,500	\$18,000	\$14,063		
Investor Unit Price & Year One Return (ROI)	\$ 4,000		125%	238%	350%	252%		

Typical Co-Management Model: Ownership & Funds Flow



Typical Co-Management Model: Ownership & Funds Flow



Employed Provider Clinical Services Metrics

Clinical NPS
=88

ED-Discharge
Follow up =
99%

RAF scores =
1.054

CPX = 94.1%

Medicare
Ageing In = 55%
(staff providers)

Patient Experience





Net Promoter Score (NPS)

Measuring Loyalty

What is NPS?

- Brand Loyalty as Number

On a scale from 0-10, how likely are you to recommend Qualtrics to a friend or colleague?

Not at all likely Extremely likely

0 1 2 3 4 5 6 7 8 9 10

videoblocks

How likely are you to recommend VideoBlocks to a friend?

0 1 2 3 4 5 6 7 8 9 10

Not likely Very likely

videoblocks
10780 Parkridge Blvd. Reston, VA 20191

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IBM

Please take a moment to answer a few short questions about your experience.

How likely are you to recommend Assess to a colleague or business partner?

Not at all likely Extremely likely

0 1 2 3 4 5 6 7 8 9 10

Submit

adallia Privacy Policy

CLEAN

Hi Bob!

Thanks for your recent order with us. We hope that you're enjoying it!

We always strive at Clean for excellence in customer satisfaction. If you would take a moment to let us know how likely you would be to recommend Clean to a friend, it would help us greatly.

1 2 3 4 5 6 7 8 9 10

All you have to do is click on a number. That will submit your feedback to us, and will be greatly appreciated.

Thanks,
Kaya

This email was sent to you because you made a purchase at www.cleanprogram.com. You can [unsubscribe](#) from these emails.

1610 Broadway #102, Santa Monica, CA 90404

How likely are you to recommend Airbnb to a friend?

This answer will not be shared with your host or posted on your profile.

Not at all likely Extremely Likely

0 1 2 3 4 5 6 7 8 9 10

Next

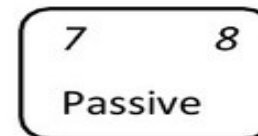
Why Should We Study Net Promoter Score?

- Simple, easy to compare, and acts as a measure of brand performance.
- Measures customers' willingness to return + make a recommendation to their family, friends, or colleagues.

How NPS works

1. Ask Question: *How Likely are you to Recommend xyz to ...*
2. Customers give a rating from 0 to 10 - Broken into 3 groups: Detractors, Passives, Promoters

*Not at all
likely*

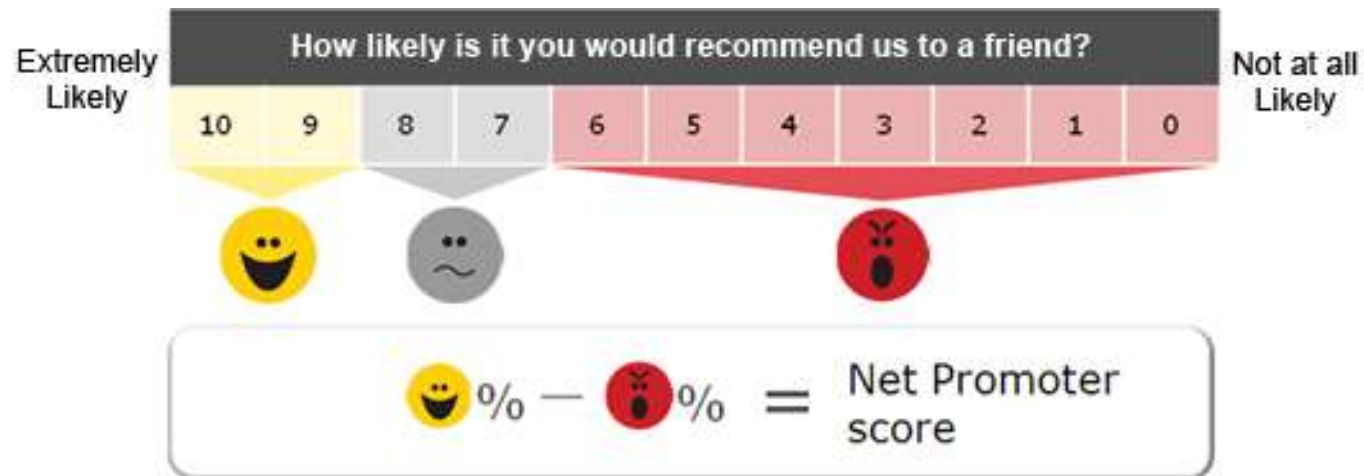


*Extremely
likely*

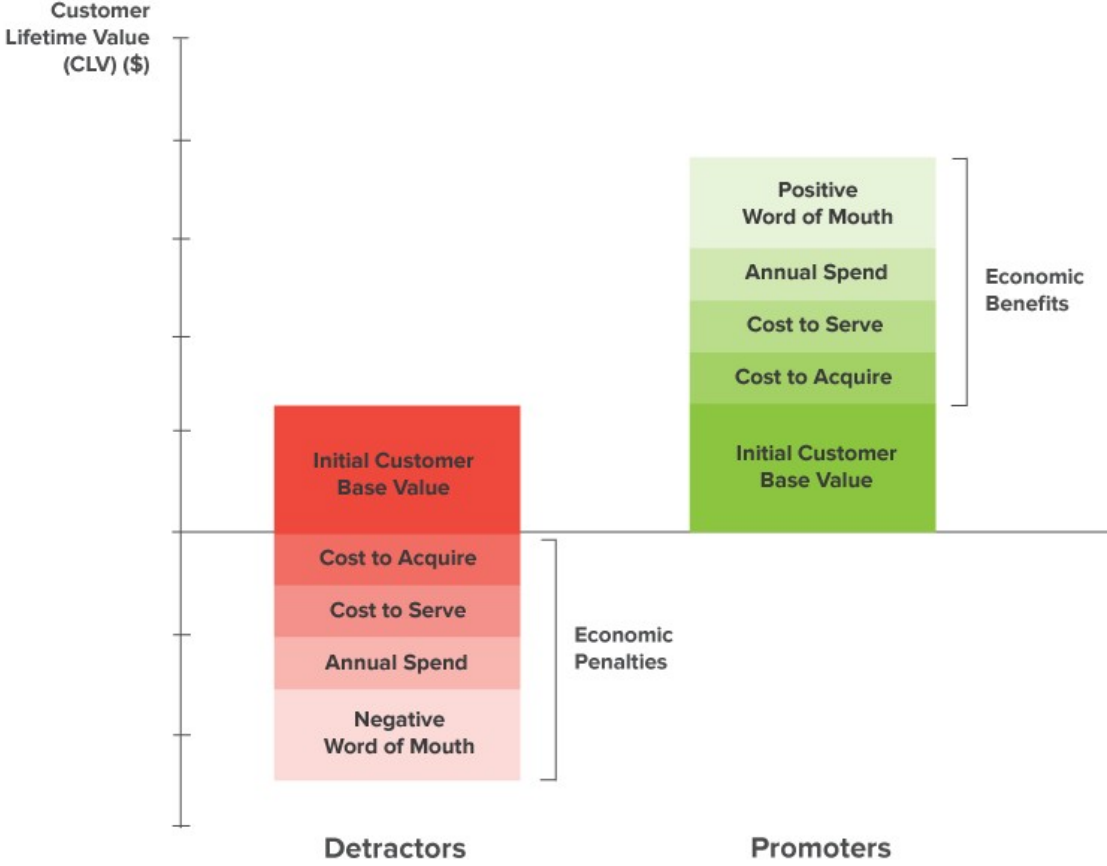


$$\text{NPS} = \% \text{ Promoters} - \% \text{ Detractors}$$

How to Calculate NPS



What does FHCP Get for High NPS?



How to Interpret Numbers

- Scores higher than 0 are considered good
- Scores above 50 are considered to be excellent.

- The industry average for Health Care: 0.
- FHCP's score for 2018 was 40.
- United Health Care for 2018 is estimated 1.

Representing NPS at various levels

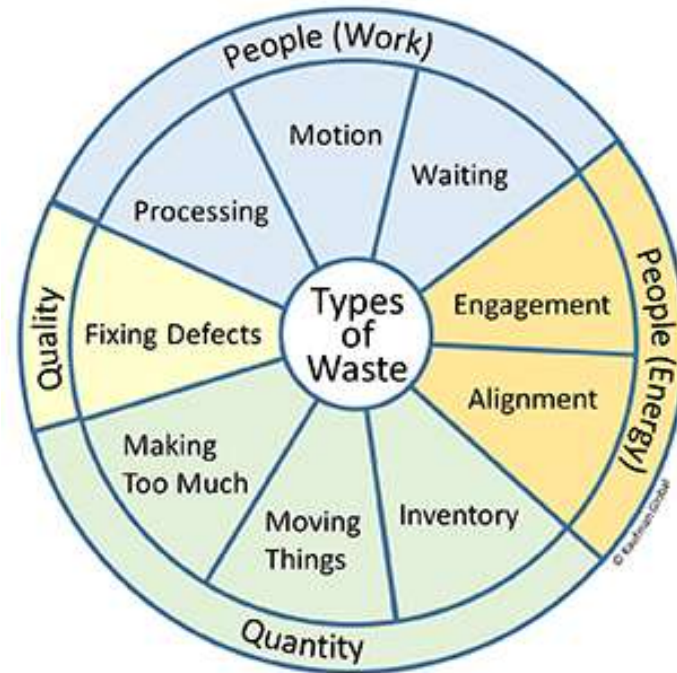
Net Promoter Score 25%



Net Promoter Score 75%



Lean Daily Management in Healthcare



How do we execute LDM?



LDM uses a set of tools that provide daily maintenance of the management process.



A3s (Vision, Mission, Annual Goals and Objectives, Pillars)



Key Performance Indicator and Visual Boards (Vis)



Standard Problem Solving


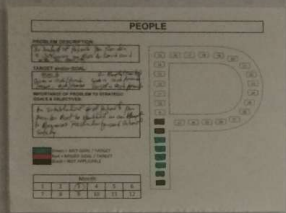
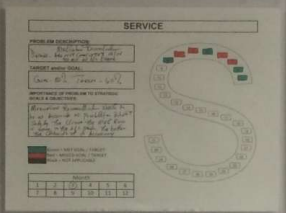
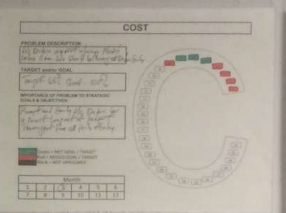
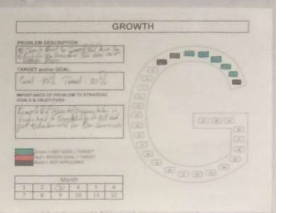
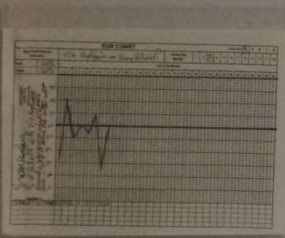
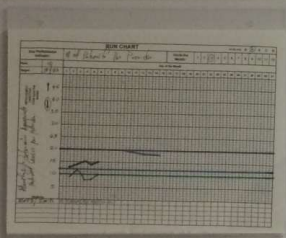
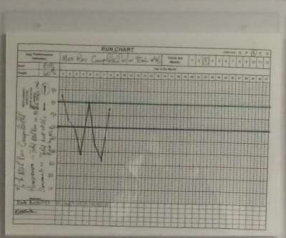
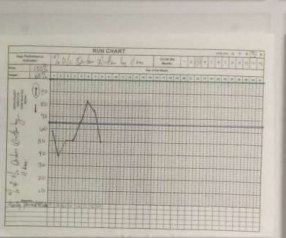
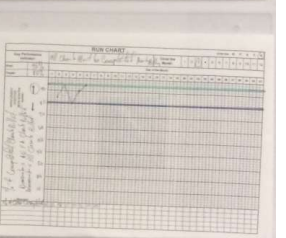
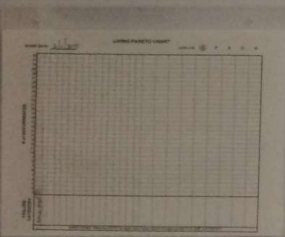
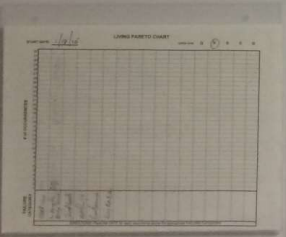
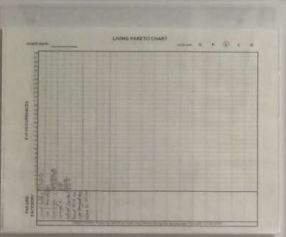
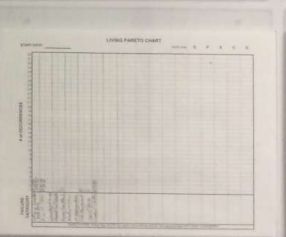
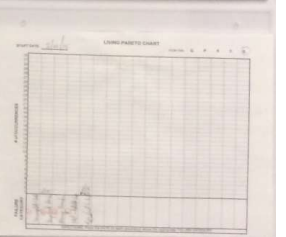

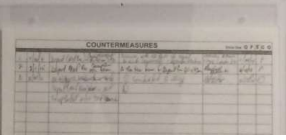
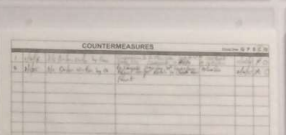
Pillars, Run Chart, Pareto Chart, Countermeasures, PDCA, 5 Whys, and Fishbones



Daily Performance Reviews

Key Performance Indicator Board

AREA: ADVANCED PRACTICE PROVIDER [APP]

SAFETY & QUALITY	PEOPLE	SERVICE	COST	GROWTH
				
				
				
				

FHCP Organizational Pillars

Safety and Quality

- HEDIS/NCQA/Star Ratings
- Certifications and Accreditations
- FHCP CPIs

Service

- Member Satisfaction
- Member Access

People

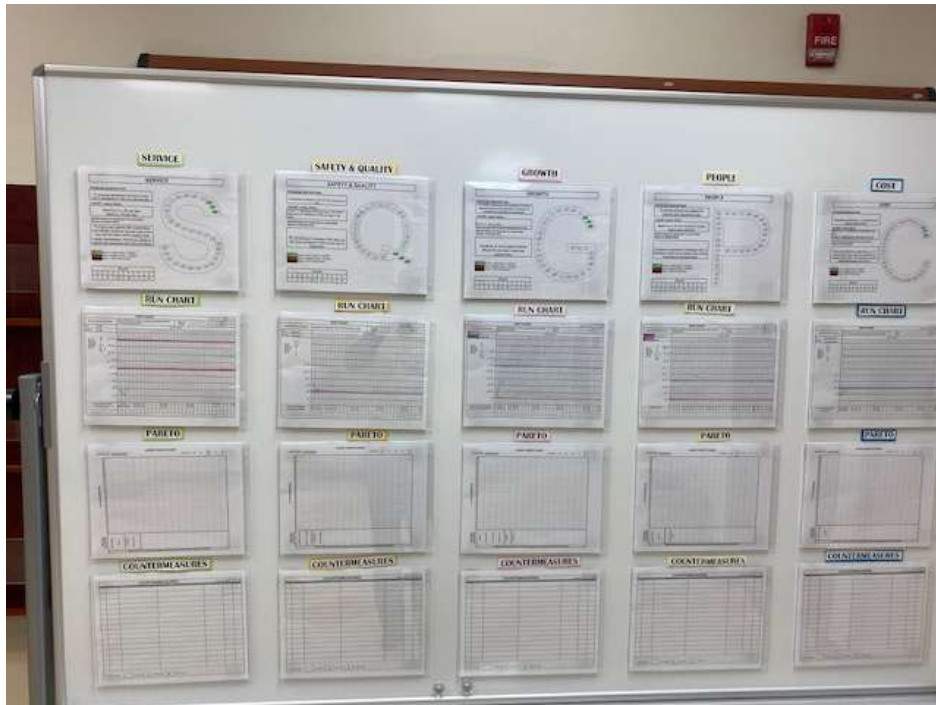
- Employee Engagement
- Provider Satisfaction

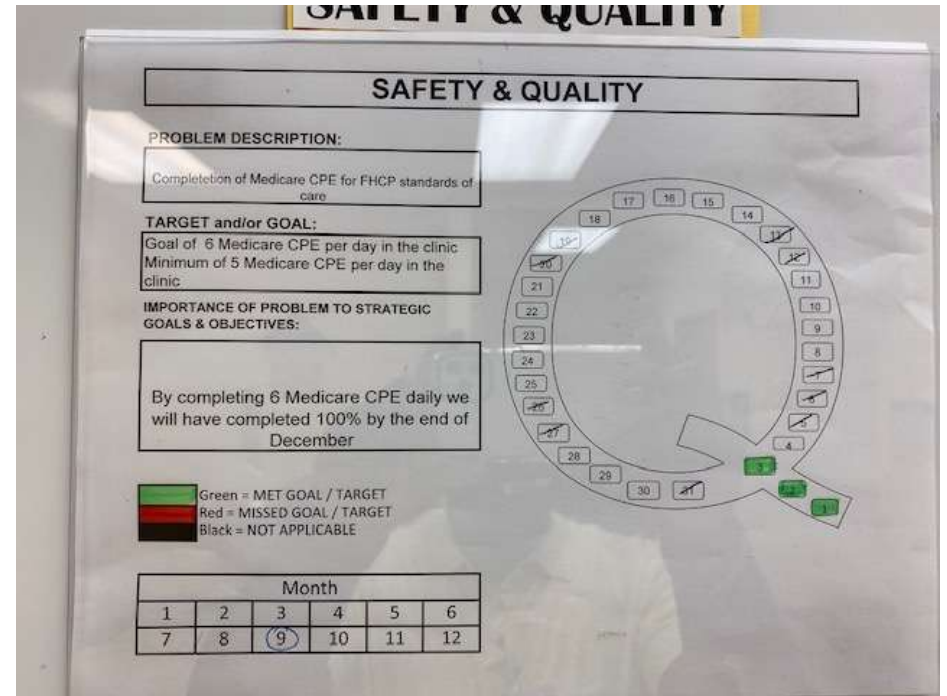
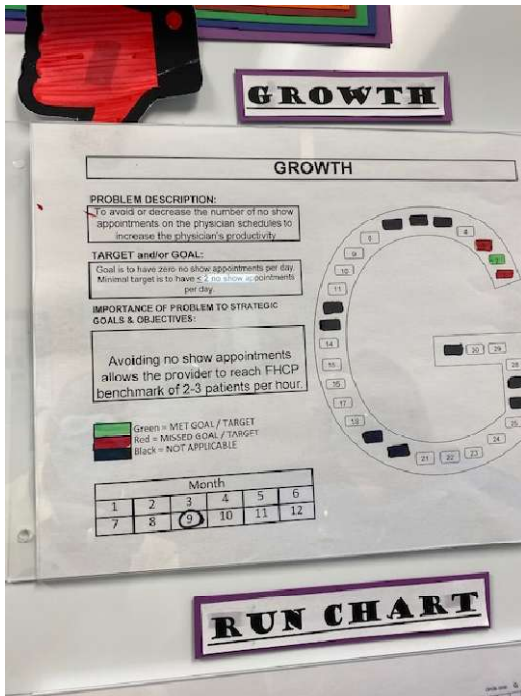
Cost/Savings

- CPX completions
- Increase in Appointments
- Closing Encounters

Growth

- Member Enrollment – New MRNs
- Location Expansion
- Service Expansion
- Market Analysis





Confirm appointment	Let mess. answer	Unable to call	Appointment answer	Unable to call	Appointment busy	Appointment scheduled	Wrong phone number or contact number
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DIRECTIONS: Place the DATE for each occurrence above the appropriate FAILURE CATEGORY.

COUNTERMEASURES

COUNTERMEASURES				Client Code	OPS	CG
Item #	Date	Problem/Issue	Countermeasure	MCSS	MCSS	MCSS
1	9-1-20	Not enough time for patient to cancel or reschedule	Call patients 48 hours before scheduled appointment to confirm. Try multiple times to confirm appointments.	MCSS		
2	9-1-20	Phone busy or no voicemail	Call alternate numbers available (cell or work numbers). Call multiple times.	MCSS		
3	9-1-20	Leave Voice message				

STATUS LEGEND: - IN PROGRESS - COMPLETED - UNDER REVIEW

5 WHY PROCESS

Area: Delivery Date: 8/26/18 Name: Mat West, Danny Wilson, Eph Sommer, Mike Brown

PROBLEM DESCRIPTION
Cost Planning & Estimating is not capturing all Construction Management project bid package / bid category results from Operations

1ST WHY
No central location of when projects are getting scope of work, so no way to follow up & get all of the information

2ND WHY
Jobs bid scope out in various ways (iSet, call favorites, use sub already on job, FTP sites, sharefile, etc.)

3RD WHY
Project Managers have personal preferences for what they are comfortable with or have experience with (roughly half using ShareFile & half using iSet) - some sub specialization reqs as reason, ease of use, small scopes, etc. (cost changes were not a factor)

4TH WHY

5TH WHY

Operational Plan

Expand to all Locations

Conduct daily / weekly huddles at the boards

Monthly review of metric. Change with success

Conduct Leadership GEMBA Rounds

Track success at locations and team up with Epic for productivity assessments



Daily / Weekly Huddle



PA and NP Models of Care Delivery and Productivity

Fokusho Ogunfiditimi, DM, MPH, PA-C
Director, Mid Level Providers
Harper University Hospital
Hutzel Women's Hospital
Detroit Medical Center

Finance in HealthCare Systems



Revenue Generating services

Physician/ Provider Services

E/M Services

Medicare Part – B

Rehabilitative services

Quantifiable via documentation (RVU System)

Specific to certain providers



Non Revenue generating services

Nursing Services

Administration Services

Medicare Part – A

Included in the cost report

Components of the Healthcare System



Clinical Operations

Ambulatory Services
Inpatient Services
Emergency Room
Services
Surgical Services
Post Acute – (Rehab,
SNFs etc.)



Physician / Provider Management



Nursing Services



Pharmacy



Administration



Payers- Insurance, Individuals

Types of Clinical Practice



Ambulatory Practice

Scribes
Shared
Side by Side
Autonomous



Inpatient Practice

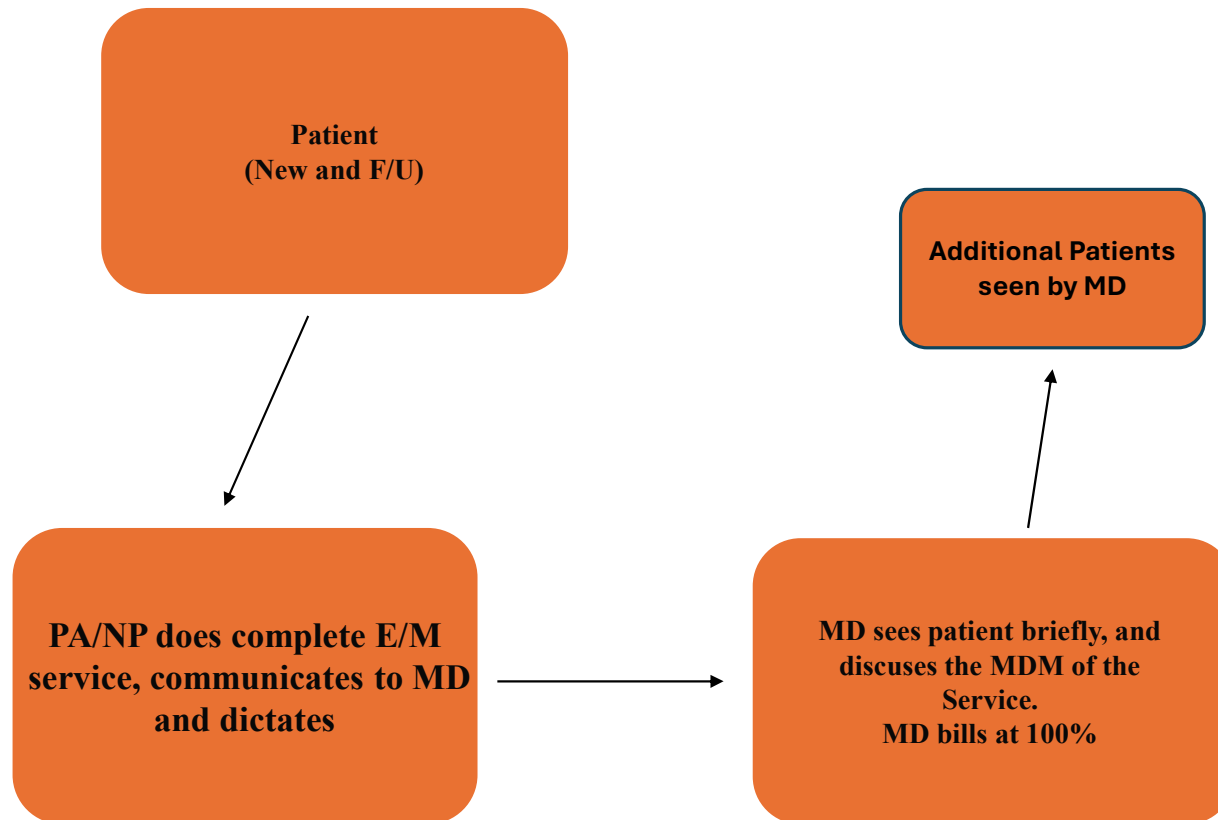


InterOperative Practice

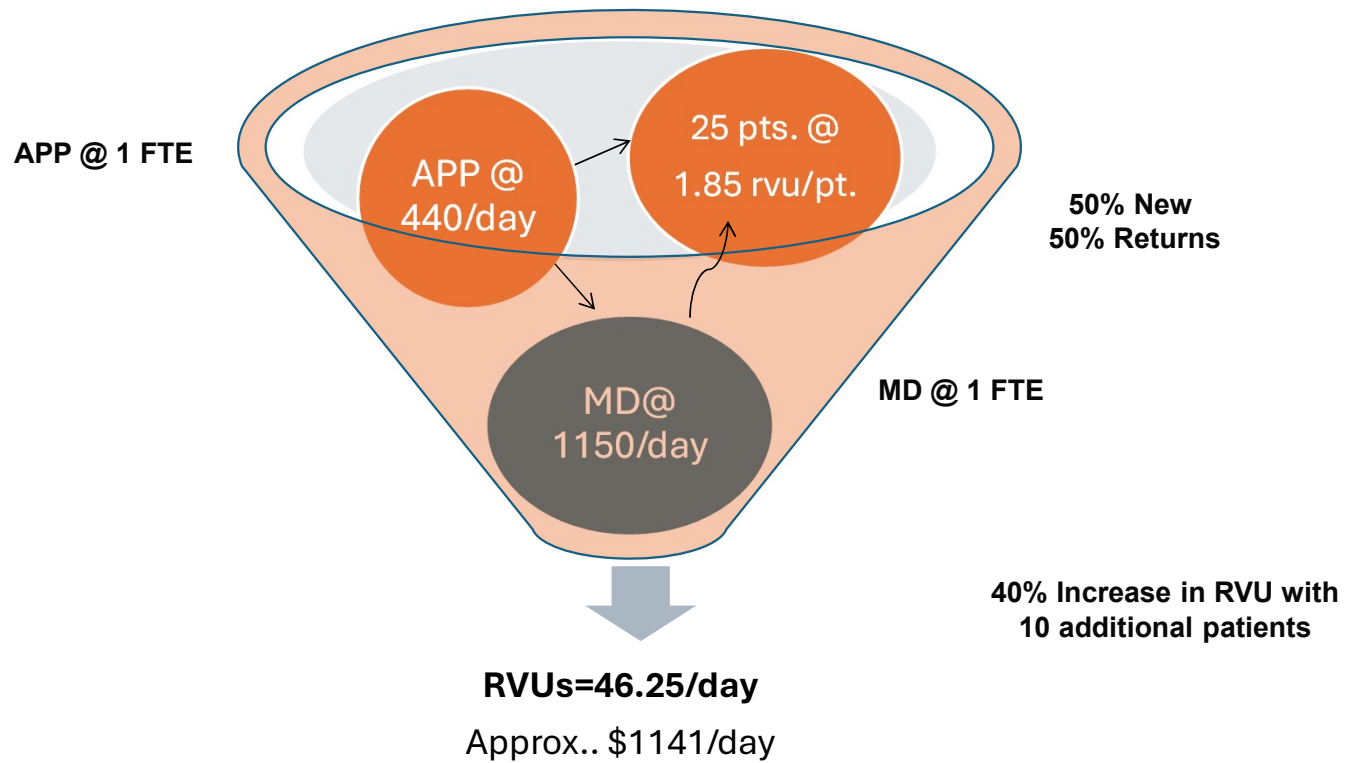


Combined Practice

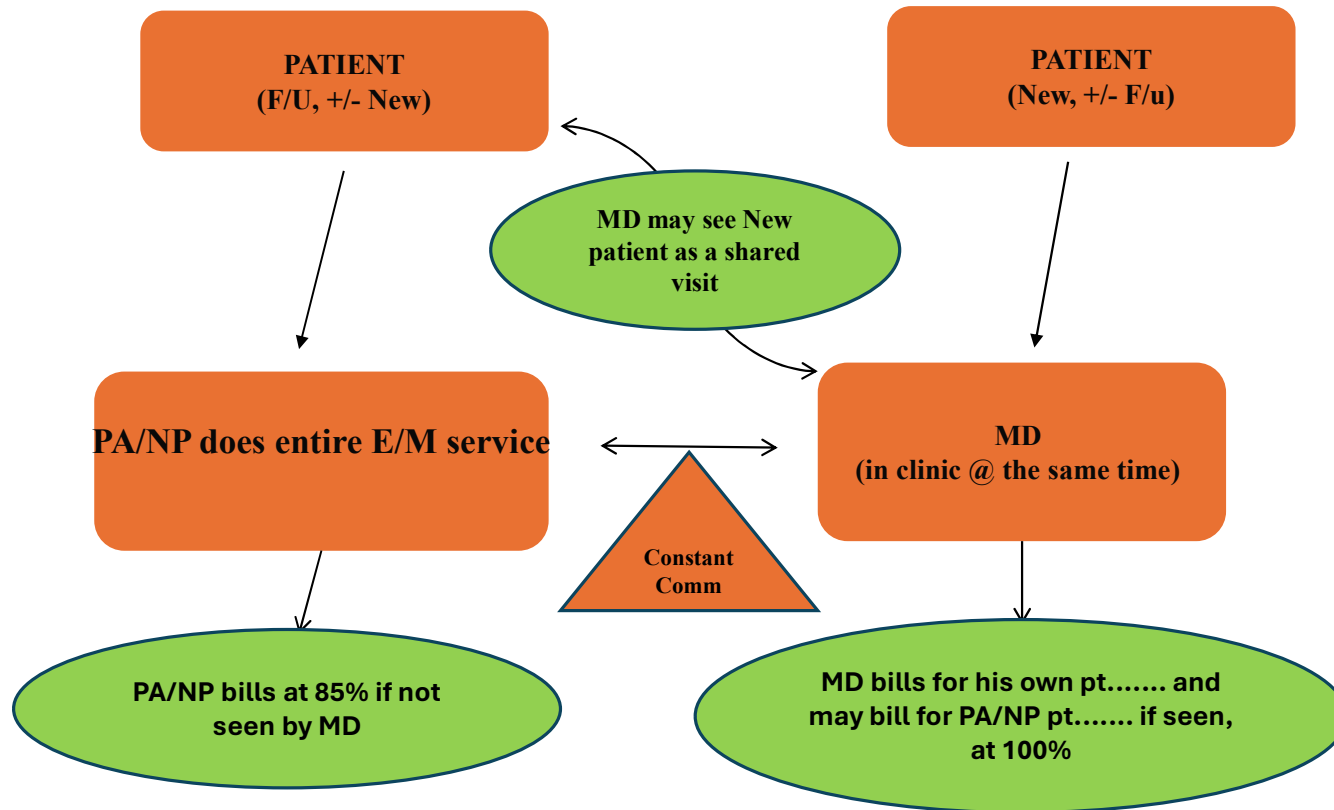
Shared Practice



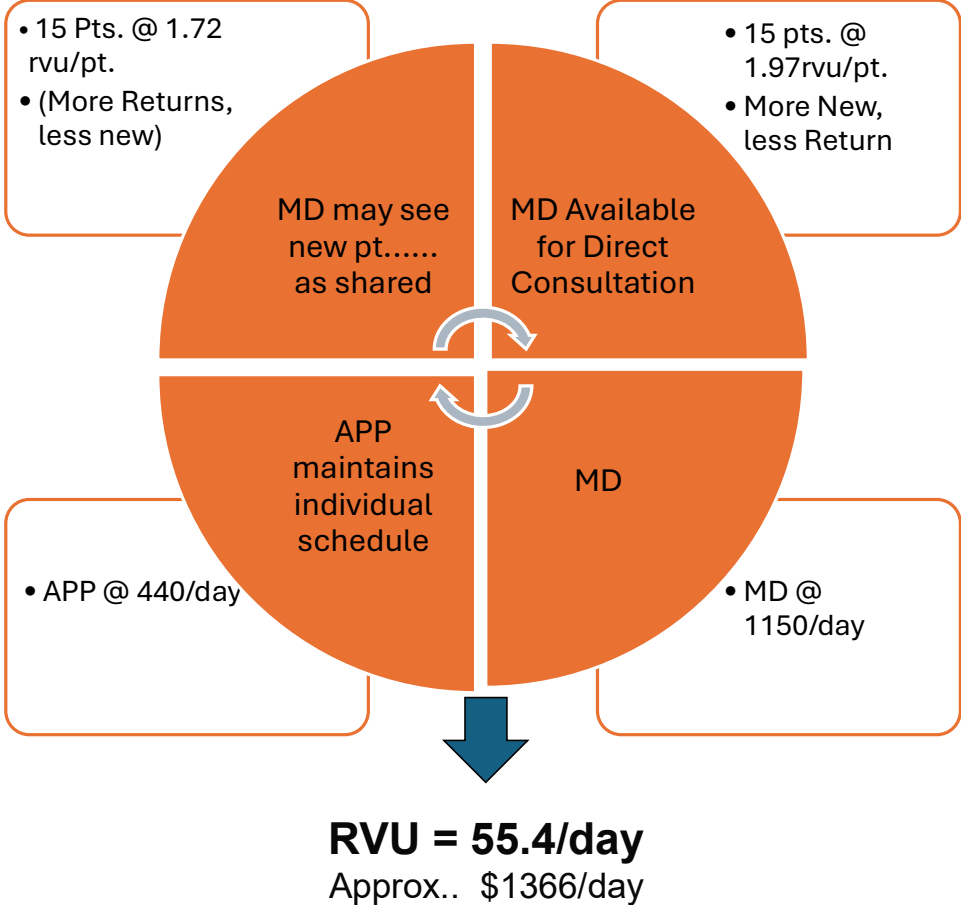
ROI- Shared Practice



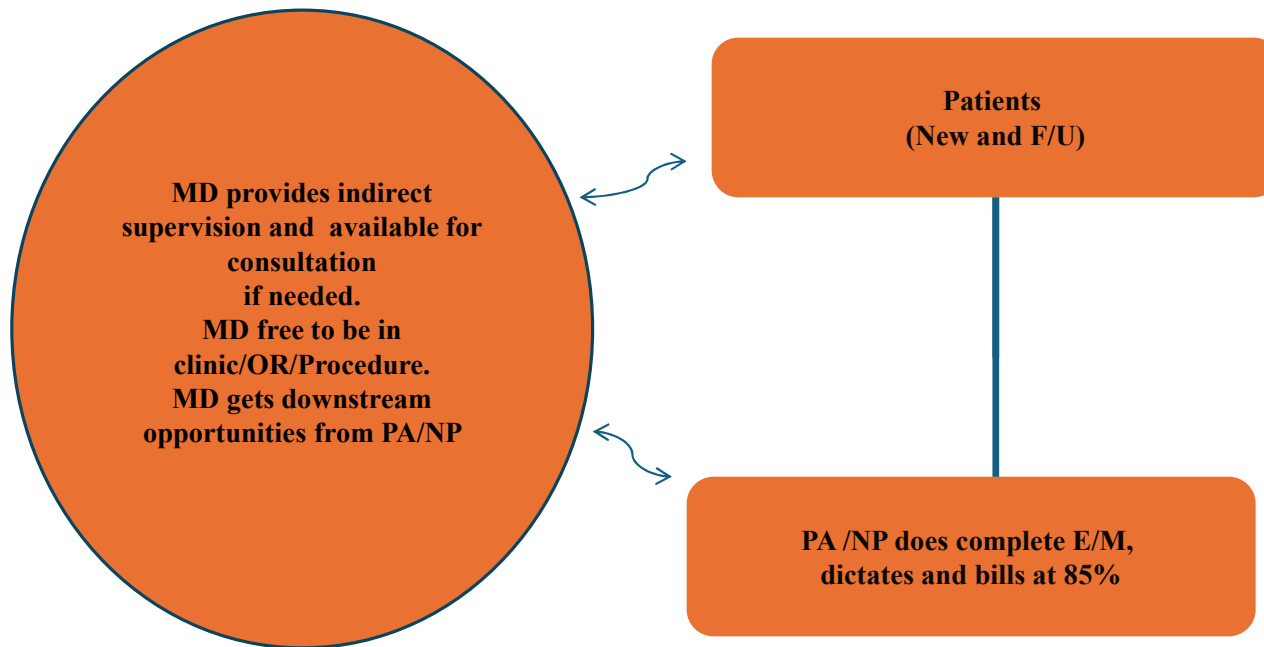
Side by Side Practice



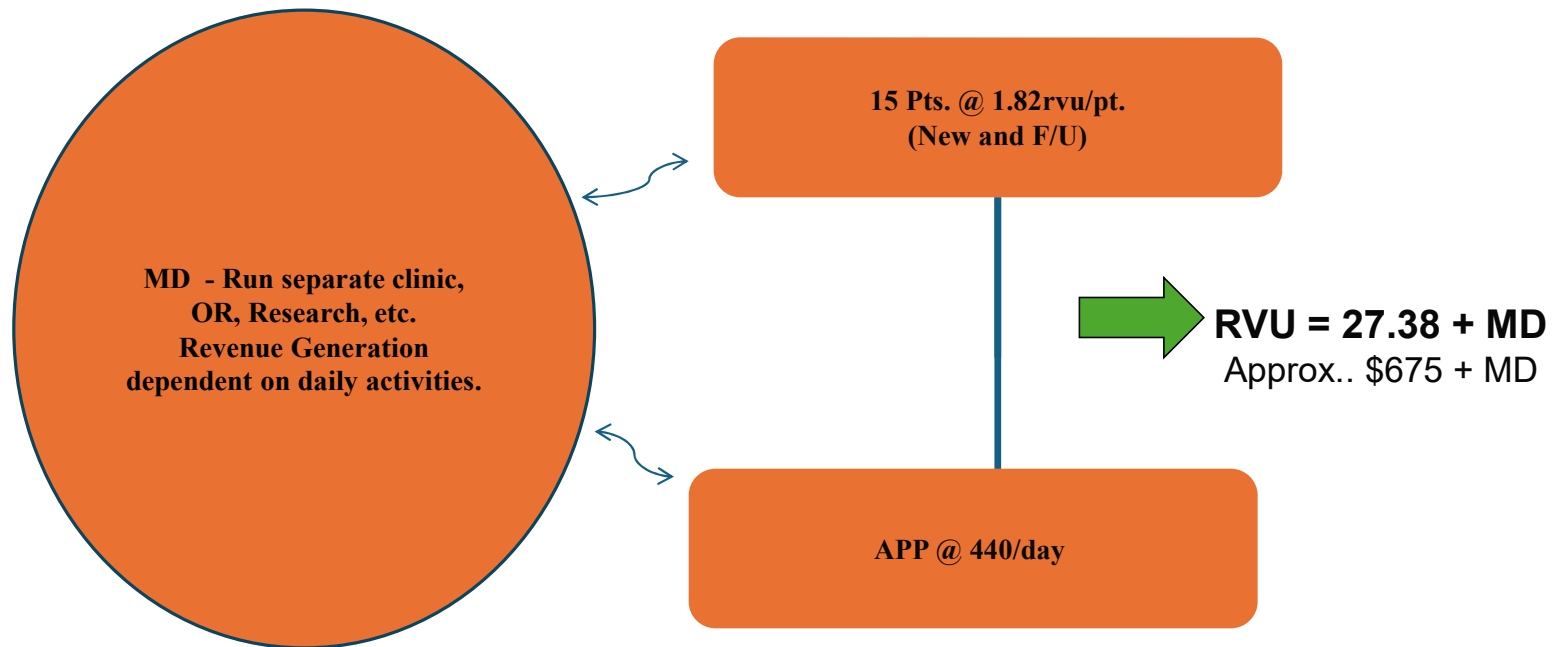
ROI – Side by Side Practice



Autonomous Practice



ROI - Autonomous Practice



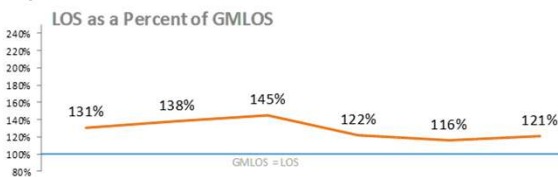
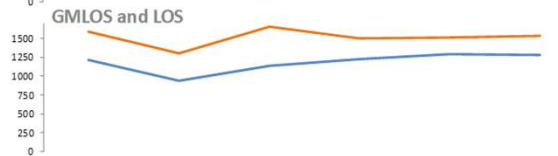
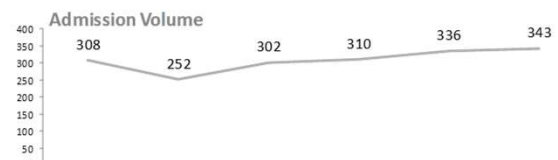
Transfer of Value and Hidden Costs by Four Contrasting Practice Models Cumulative View

LOS Value Dashboard

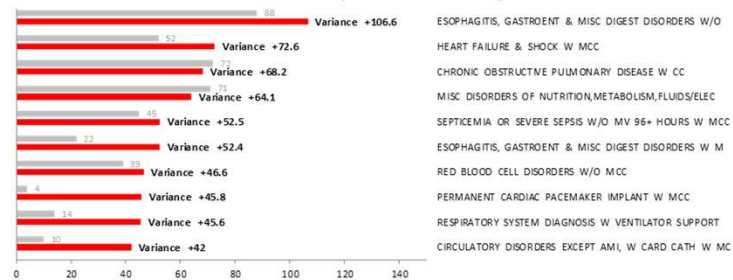
Select One or More Care Team Model(s) (Click or Ctrl-Click) Clear Filters at Red X -->

Admissions GMLOS LOS Variance

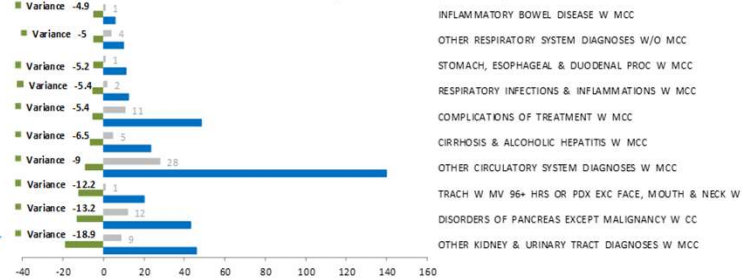
Jan Feb Mar Apr May Jun



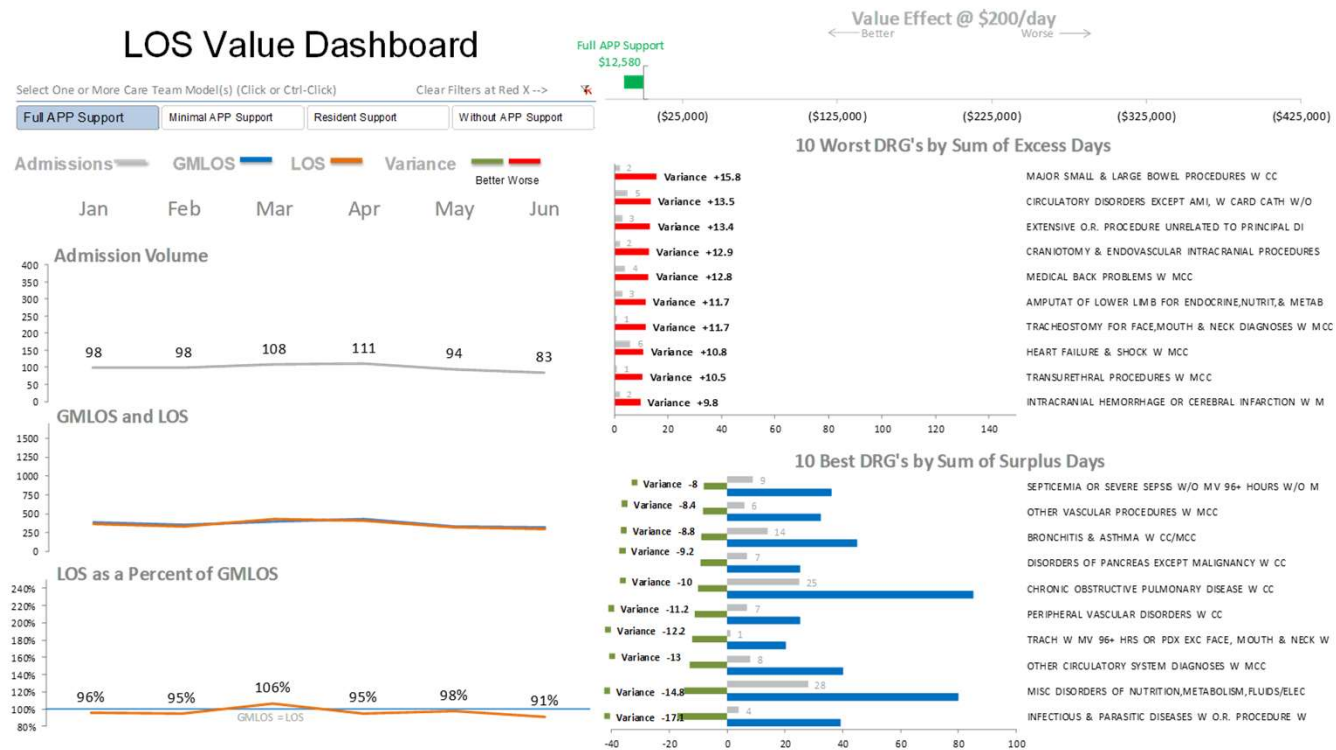
10 Worst DRG's by Sum of Excess Days



10 Best DRG's by Sum of Surplus Days



Full APP Support Subset Physician-Lead APP Integrated Team Returning Value in the Form of Unused GMLOS Days



Resident Supported Subset Very Low Volume, No APP's

LOS Value Dashboard

Select One or More Care Team Model(s) (Click or Ctrl-Click) Clear Filters at Red X-->

Full APP Support
 Minimal APP Support
 Resident Support
 Without APP Support

Admissions GMLOS LOS Variance Better Worse
 Jan Feb Apr May Jun

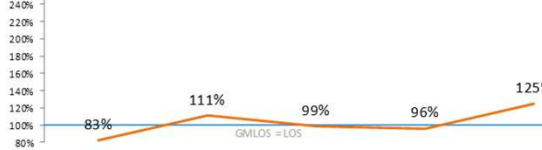
Admission Volume



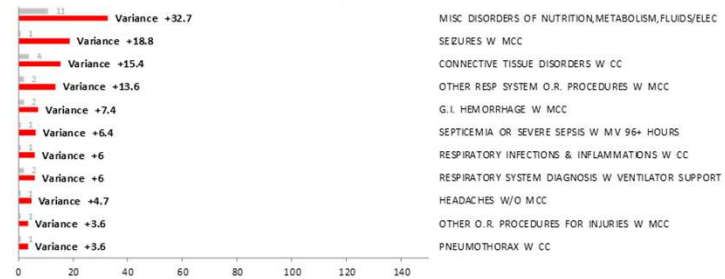
GMLOS and LOS



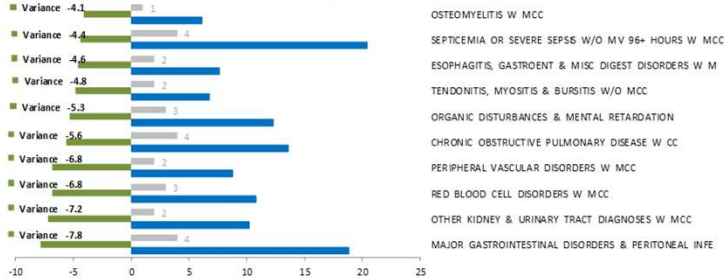
LOS as a Percent of GMLOS



10 Worst DRG's by Sum of Excess Days



10 Best DRG's by Sum of Surplus Days



Minimal APP Support Subset Moderate Volume with Minimal APP Support Transferring Cost in the Form of LOS in Excess of GMLOS

LOS Value Dashboard

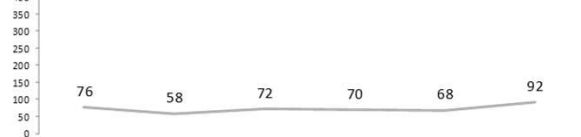
Select One or More Care Team Model(s) (Click or Ctrl-Click) Clear Filters at Red X-->

Full APP Support Minimal APP Support Resident Support Without APP Support

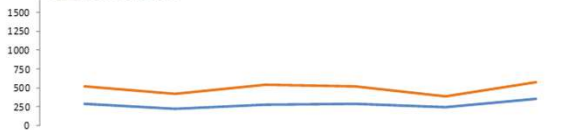
Admissions GMLOS LOS Variance

Jan Feb Mar Apr May Jun

Admission Volume



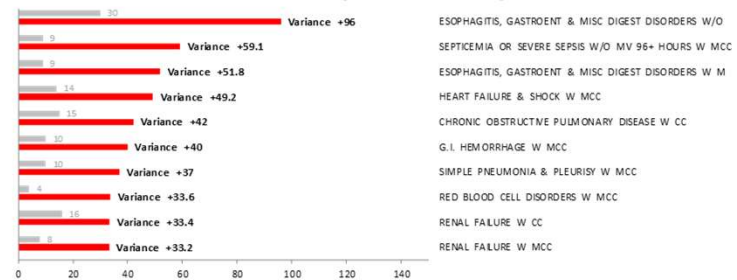
GMLOS and LOS



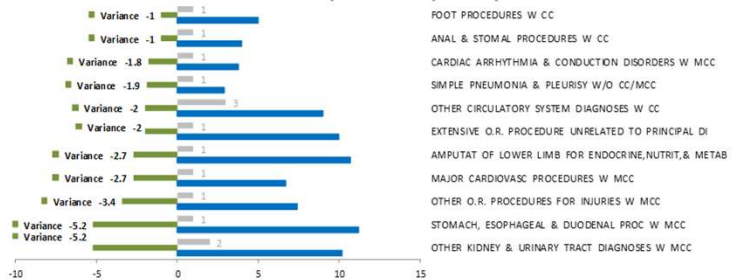
LOS as a Percent of GMLOS



10 Worst DRG's by Sum of Excess Days



10 Best DRG's by Sum of Surplus Days



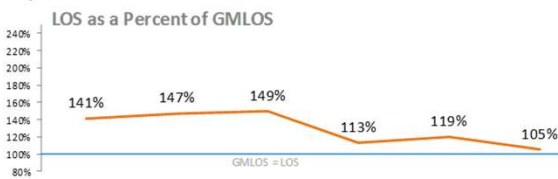
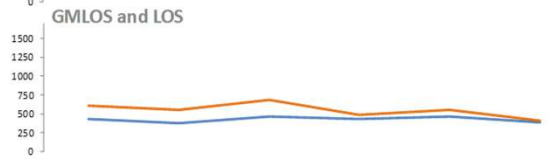
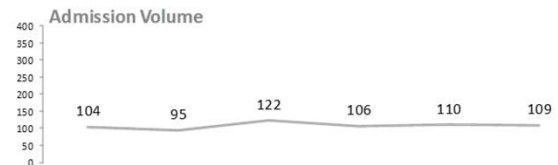
Without APP Support Subset Moderately Large Volume Increased Size of Physician Team to Align Load and Resources

LOS Value Dashboard

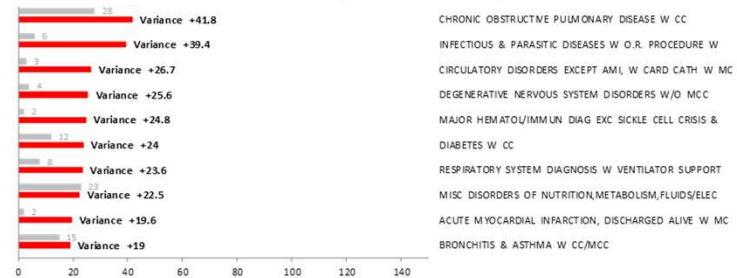
Select One or More Care Team Model(s) (Click or Ctrl-Click) Clear Filters at Red X-->

Admissions GMLOS LOS Variance Better Worse

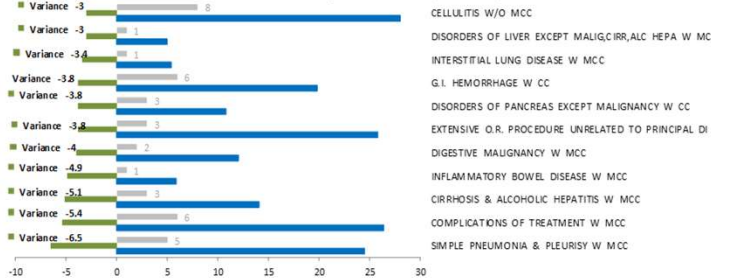
Jan Feb Mar Apr May Jun



10 Worst DRG's by Sum of Excess Days



10 Best DRG's by Sum of Surplus Days

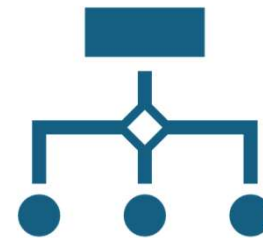


- CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC
- INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W
- CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC
- DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC
- MAJOR HEMATO/IMMUN DIAG EXC SICKLE CELL CRISIS &
- DIABETES W CC
- RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT
- MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELEC
- ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC
- BRONCHITIS & ASTHMA W CC/MCC
- CELLULITIS W/O MCC
- DISORDERS OF LIVER EXCEPT MALIGN, IRR, ALC HEPA W MCC
- INTERSTITIAL LUNG DISEASE W MCC
- G.I. HEMORRHAGE W CC
- DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC
- EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DI
- DIGESTIVE MAIGNANCY W MCC
- INFLAMMATORY BOWEL DISEASE W MCC
- CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC
- COMPLICATIONS OF TREATMENT W MCC
- SIMPLE PNEUMONIA & PLEURISY W MCC

Time and Motion Study



Observe and document the time spent by APPs on their daily responsibilities to determine the average amount of time spent on revenue generating and service value added activities.

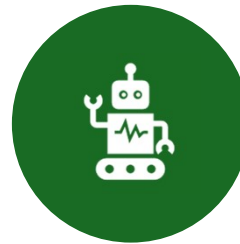


This data will allow the establishment of Service Value Units (SVUs), which will aid in quantifying an APPs productivity.

Methodology



APPs were randomly selected based on primary location of work. (i.e. Inpatient, Outpatient, Emergency Department and OB)



Use of Personal Digital Assistants (PDAs)

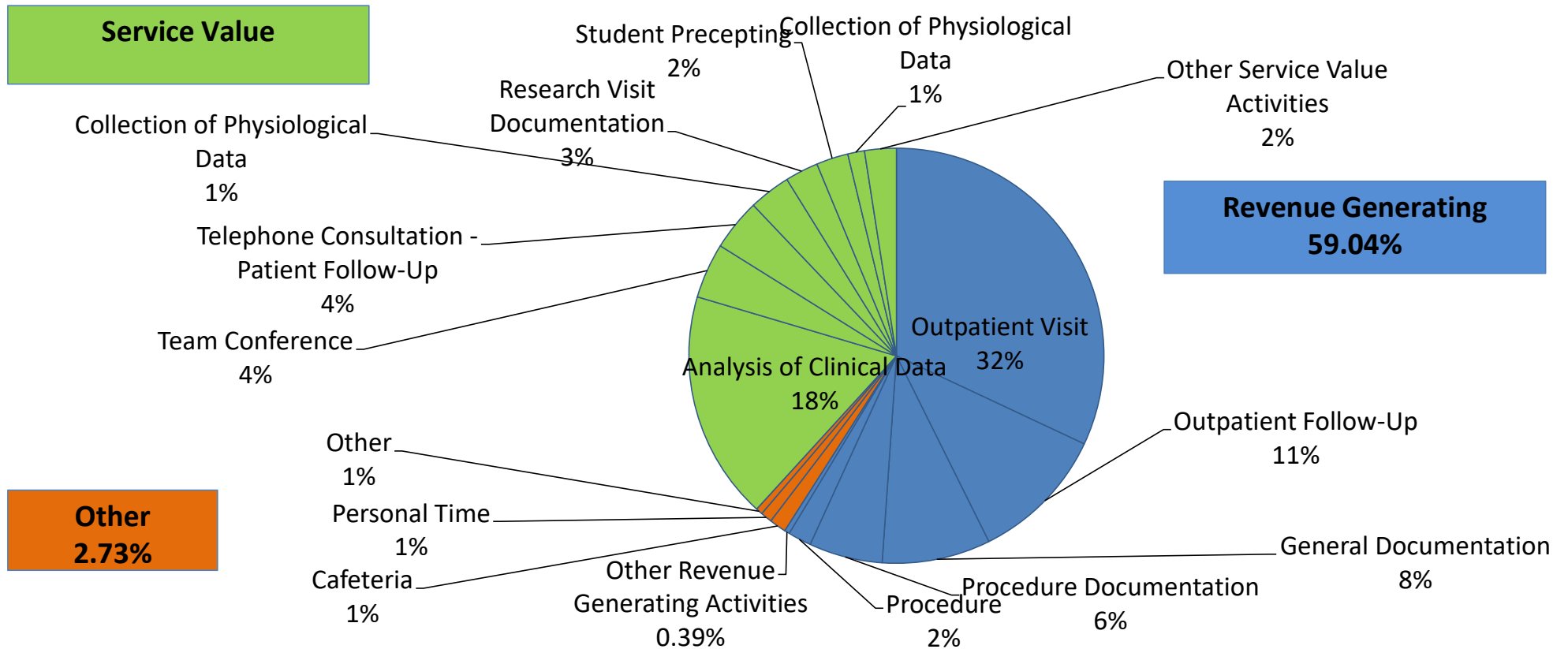


PDAs were pre-populated with Current Procedure Terminology (CPT) coded defined services – (AMA/CPT 2010)



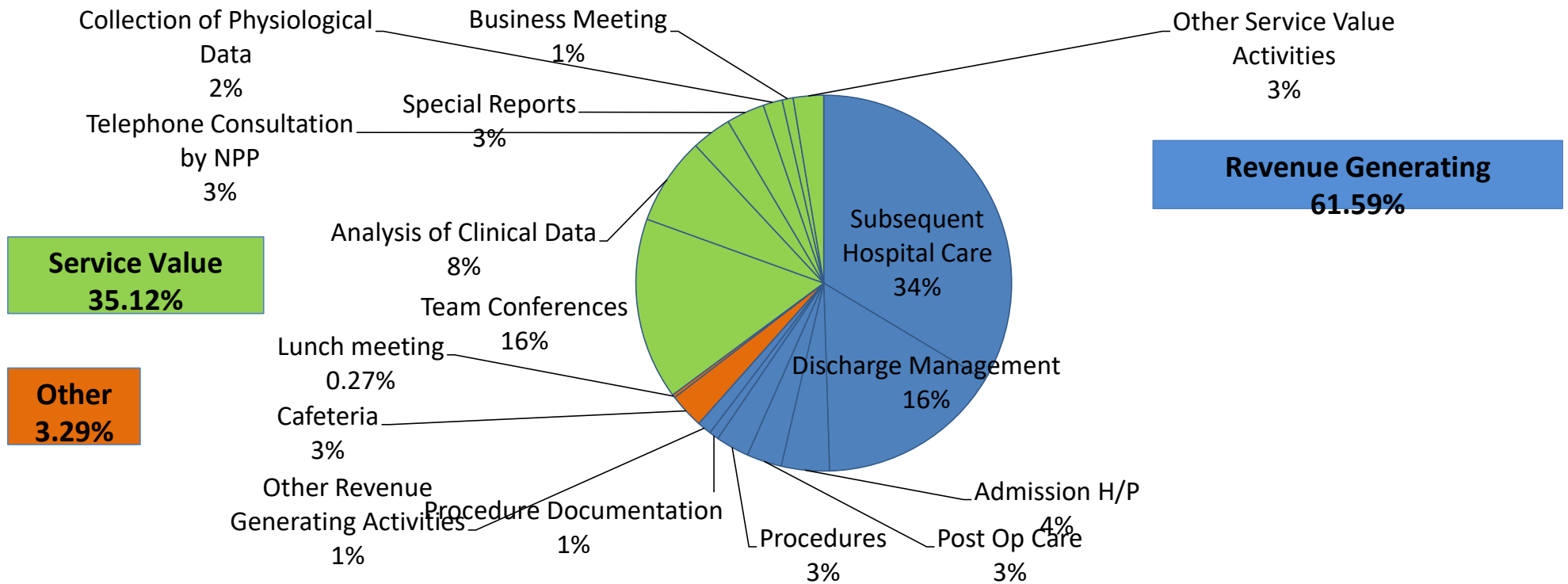
APPs recorded their location and main activity on the PDAs randomly every 15-30 minutes

Results – Outpatient Study



Results – Inpatient Study

Charts for each area can be seen in the Appendix



Summary of Results

Comparison of Activity Categories



Goals

Redesign of Clinical Practice

- Identify practice patterns and APP utilization
- Close gaps and fill opportunities in APPs practice
- Maximize Resources and Personnel Experience to match utilization
- Change culture of practice through communication

Enhance and define value added services (SVU)

- Maintain a metric of Productivity = RVUs + SVU
 - Expansion of Study – apply to APPs, MDs, individual departments, etc.
- Correlate SVUs to Improved Patient Outcomes.

Results – Outpatient Study

OP Activities	Occurrences	Revenue Generating	Service Value	CPT 2010 Code
Outpatient Visit	246	x		99201 - 99205
Outpatient Follow-Up	82	x		99211 - 99215
General Documentation	65	x		N/A
Procedure Documentation	44	x		Based on procedure code
Procedure	14	x		Based on procedure code
Other Revenue Generating Activities	3	x		
Analysis of Clinical Data	137		x	99090
Team Conference	33		x	99366
Telephone Consultation - Patient Follow-Up	31		x	99211 - 99215
Special Reports	25		x	99080
Research Visit Documentation	20		x	N/A
Student Precepting	19		x	N/A
Collection of Physiological Data	10		x	99091
Other Service Value Activities	19		x	

Results – Inpatient Study

IP Activities	Occurrences	Revenue Generating	Service Value	CPT 2010 Code
Subsequent Hospital Care	245	x		99231 - 99233
Discharge Management	116	x		99238 - 99239
Admission H/P	30	x		99221 - 99223
Post Op Care	22	x		99024
Procedures	21	x		Based on procedure code
Procedure Documentation	6	x		Based on procedure code
Other Revenue Generating Activities	9	x		
Team Conferences	114		x	99366
Analysis of Clinical Data	55		x	99090
Telephone Consultation by NPP	25		x	98966 - 98968
Special Reports	24		x	99080
Collection of Physiological Data	12		x	99091
Business Meeting Council or Committee	7		x	N/A
Other Service Value Activities	19		x	



Personalized quality health
guidance to deliver the right
care at the right time in our
RURAL communities

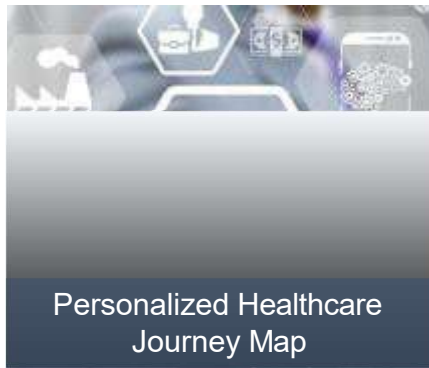
2024 LEADERSHIP
ACADEMY COHORT

Team #5

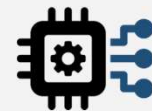


CareCue

Member Experience



Building on existing Solutions



Actionable Data



AI Powered Insights



Paradigm Shift



Digital + Service =
Exceeding Expectations

Survey

Interest in our concept validated through surveying those in rural areas (concept validated for rural residents)

78%

ARE COMFORTABLE

using wearable device and health apps to monitor their health

80%

ARE SOMEWHAT MORE COMFORTABLE

sharing wearable or smart app data with providers and their health plan

62%

WOULD BE LIKELY TO USE

to use a chatbot or AI-powered tool to receive coaching and assigned activities

84%

SEE BENEFITS

are much more in control of their health by using wearable or a smart health app to manage their health

Questions?

References

- AAPA
- CMS – Shared visits – Medicare Transmittal 1776 sec. 15501B
- First Assist at Surgery – Medicare Claims Processing Manual (MCPM) ch.12, sec 103.
- CMS - Same calendar day admits – Medicare Transmittal 1465. (updates to MCPM ch.12.sec. 30.6.9.1)
- <https://www.investorsinexcellence.com/keys-to-success/the-excellence-academy/#:~:text=liE%20is%20the%20premier%20organisation%20providing%20exceptional,t o%20enable%20excellent%20working%20pervading%20an%20organisation.>
- <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104C12.pdf>
- DMC – Comanagement Agreement
- Team 5 Leadership Academy - Guidewell