Productivity:
A Deep Dive in Service of the Triple Aim

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Context

- AnMed Health Home Health Director: overseeing multiple areas of home health continuum-busy!
- Financial pressure of hospital based organization.
- Experientially young Managers in Home Health.
- AnMed Health System working towards the triple aim in healthcare:
  - Multi-disciplinary teams working along the continuum to reduce avoidable 30 day re-hospitalization (Heart Failure, etc).
  - Home Health unable to absorb all the volume, so competing agencies invited in to planning meetings for protocol adherence: patient comes first.
The Triple Aim

- Improving the patient experience of care (including quality and satisfaction);
- Improving the health of populations; and
- Reducing the per capita cost of health care.

- Institute for Healthcare Improvement

Productivity: Digging Deep Enough

- We had barriers to taking all patients who would choose us.
- What barriers to optimal productivity limit your service of the Triple Aim (further limiting your market potential)?
- They can be right under your feet. Take a deeper look.
- Learn from our experience and thrive!
Why the deep dive?

1) Financials - Gross Revenue
   - FY11 - 1.5% decline
   - FY12 - 4.8% decline
   - FY13 ... stay tuned!

2) Revenue Cycle Management – show me the money!
   - FY11 - 152
   - FY12 - 251
   - FY13... YTD stay tuned!

3) Census
   - FY11 - 1301
   - FY12 - 1423
   - FY13... stay tuned!

Dive Deep  Shine a Light
Productivity: Discovery

Referral Suppression - not managing market demand, opening the door to competitors (from hospital and community). Causes?

- On the surface, capacity was reported to be limited.
- Revenue was 10% below budgeted expectations.
- Financial performance limited hiring more staff.
- Staff appeared to be ‘productive’, meeting standards set by the agency.
- Diving deeper revealed a different picture, commonly found.
Productivity: Discovery

- Process was to round the revenue cycle.
- Meet with key stakeholders in the process of accomplishing the work of the agency.
- In line with LEAN process engineering, evaluated areas of organizational waste which were limiting operational productivity.
- Scheduling – drove me to **Dive Deeper**

Getting down to the bottom of it...
Productivity – Deep Dive

- Scheduling ‘noise’ = erosion of productivity
  - Clinicians desks – a time to meet and greet.
  - Manual processes for scheduling,
  - Negotiations between staff, schedulers, supervisors,
  - Field charts layered on top of EHR,
  - Supplies kept on site,

- Clinician availability was hidden under layers of process and outdated behaviors, within the best of intentions.

Productivity:
In Pursuit of the Triple Aim

- Accessibility of care is the beginning of satisfaction with care.

- You cannot demonstrate quality and cost reduction to the system if you can’t take the patients.

- Capacity management is directly linked to productivity: manage your manpower (womanpower).
Productivity – Deep Dive

On the surface, productivity looked o.k.:

- Measurement of visits per day were in line with agency expectations.
- Agency expectations were built based on manual processes, setting an expectation of limited productivity from the beginning.
- Caseloads were lower than national averages, limiting capacity for disease management programs.
- Visits per episode were higher than national averages; further limiting capacity.

Discovery

- Suppressed Organizational Productivity Cascade:
  - Limited structural support of Business Development/Intake stresses department and limits sales capacity.
  - Culture of scheduling and perception of maxed out staff insidiously impacts Intake response to market demand.
  - Intake responds/evolves - screening out, vs. screening referrals.
  - Revenue falls behind budget
Discovery

• Low clinical and organizational productivity
  • Unintentionally low, budgeted productivity expectations, forced by inefficient work processes. This suppressed capacity and increased direct cost per visit.

• Inefficient processes slow the revenue cycle:
  • Added indirect expense needed to “work-around” bulky processes.
  • Stressed organizational structure - key role productivity left vulnerable by two things:
    • Department function hinging on one person's knowledge. In the absence of that person, function slows.
    • Lack of a clear and efficient process for management of the revenue cycle and, ultimately, the receivables.

Discovery

• Productivity wasn’t what it seemed; needed to enhance manpower/capacity management through multi-prong approach:
  • Lean up processes.
  • Get rid of paper!
  • Get rid of desk culture (sticky).
  • Modify structure and get the right leaders focusing on the right things
  • Align authority and responsibility – track and trend by clinician performance to achieve accountability
Recovery! Clinical Staff Changes

● Increased awareness and work toward leaner workflow.

● Changes in behavioral expectations: time management in support of increased productivity.

● Cultural turn around - takes dogged persistence and consistency of message:
  • Achieve advocacy through accountability.

Rewards- Office Staff Changes

● Lessons gained within revenue cycle:
  • Reduction in AR days

● Culture of clinical teams

● Quality Outcomes

● Frontline Managers building a culture of accountability: a journey.
Rewards: the Metrics

1) Financials - Gross Revenue
   - FY11 - 1.5% decline
   - FY12 - 4.8% decline
   - FY13 - projected 6% increase!

2) Revenue Cycle Management – show me the money!
   - FY11 - 152
   - FY12 - 251
   - FY13 YTD - 89 and improving!

3) Census
   - FY11 - 1301
   - FY12 - 1423
   - FY13 projected 1500+ (pending hospital approval of predictive staffing model)

Reward – Census!

Home Health Admissions

![Home Health Admissions Chart](chart.png)
Rewards – Productivity Serving the Triple Aim

The New Home Health Environment

- Improved Patient Experience
  - Outcome Improvement
  - Improved Customer Satisfaction
  - Individual Accountability

- Cost Savings
  - Leaner
  - Better utilization of technology
  - Cost Savings

- Improved Populations Health – Appropriate Care Scores

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Population Health

<table>
<thead>
<tr>
<th>Appropriate Care Metrics</th>
<th>2013 Avg</th>
<th>Jan-13</th>
<th>Feb-13</th>
<th>Mar-13</th>
<th>Apr-13</th>
<th>May-13</th>
<th>Jun-13</th>
<th>YTD Avg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timely Care</td>
<td>90%</td>
<td>87%</td>
<td>88%</td>
<td>88%</td>
<td>95%</td>
<td>97%</td>
<td>92%</td>
<td>91%</td>
</tr>
<tr>
<td>Drug Education Intervention</td>
<td>90%</td>
<td>94%</td>
<td>96%</td>
<td>95%</td>
<td>96%</td>
<td>97%</td>
<td>96%</td>
<td>96%</td>
</tr>
<tr>
<td>Flu Vaccination</td>
<td>74%</td>
<td>85%</td>
<td>79%</td>
<td>90%</td>
<td>86%</td>
<td>94%</td>
<td>83%</td>
<td>86%</td>
</tr>
<tr>
<td>Appropriate Bundle</td>
<td>69%</td>
<td>71%</td>
<td>67%</td>
<td>76%</td>
<td>80%</td>
<td>91%</td>
<td>82%</td>
<td>78%</td>
</tr>
</tbody>
</table>
Rewards
Quality benchmarks

<table>
<thead>
<tr>
<th></th>
<th>AnMed Health 1/12 - 12/12</th>
<th>AnMed Health 4/12 - 3/13</th>
<th>National Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Better at walking or moving around.</td>
<td>61%</td>
<td>61%</td>
<td>59%</td>
</tr>
<tr>
<td>Better at getting in and out of bed.</td>
<td>59%</td>
<td>56%</td>
<td>55%</td>
</tr>
<tr>
<td>Better at bathing.</td>
<td>70%</td>
<td>69%</td>
<td>66%</td>
</tr>
<tr>
<td>Checked patients for pain.</td>
<td>97%</td>
<td>98%</td>
<td>99%</td>
</tr>
<tr>
<td>Treated their patients’ pain.</td>
<td>97%</td>
<td>99%</td>
<td>98%</td>
</tr>
<tr>
<td>Patients had less pain when moving around</td>
<td>66%</td>
<td>65%</td>
<td>67%</td>
</tr>
<tr>
<td>Treated heart failure (weakening of the heart) patients’ symptoms.</td>
<td>100%</td>
<td>100%</td>
<td>98%</td>
</tr>
<tr>
<td>Patients’ breathing improved.</td>
<td>61%</td>
<td>61%</td>
<td>64%</td>
</tr>
</tbody>
</table>

Rewards

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<th>AnMed Health 4/12 - 3/13</th>
<th>National Average</th>
</tr>
</thead>
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<tr>
<td>Wounds improved or healed after an operation.</td>
<td>91%</td>
<td>94%</td>
<td>89%</td>
</tr>
<tr>
<td>Checked patients for the risk of developing pressure sores (bed sores).</td>
<td>99%</td>
<td>99%</td>
<td>98%</td>
</tr>
<tr>
<td>Included treatments to prevent pressure sores (bed sores) in the plan of care.</td>
<td>96%</td>
<td>98%</td>
<td>97%</td>
</tr>
<tr>
<td>Began their patients’ care in a timely manner.</td>
<td>87%</td>
<td>89%</td>
<td>91%</td>
</tr>
<tr>
<td>Taught patients (or their family caregivers) about their drugs.</td>
<td>88%</td>
<td>93%</td>
<td>92%</td>
</tr>
<tr>
<td>Better at taking their drugs correctly by mouth.</td>
<td>48%</td>
<td>49%</td>
<td>50%</td>
</tr>
<tr>
<td>Determined whether patients received a flu shot for the current flu season.</td>
<td>66%</td>
<td>76%</td>
<td>70%</td>
</tr>
<tr>
<td>Determined whether their patients received a pneumococcal vaccine.</td>
<td>63%</td>
<td>82%</td>
<td>69%</td>
</tr>
<tr>
<td>Got doctor’s orders, gave foot care, and taught patients about foot care.(Diabetics)</td>
<td>86%</td>
<td>95%</td>
<td>93%</td>
</tr>
</tbody>
</table>
Rewards

Quality benchmarks

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<th>National Average</th>
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<tbody>
<tr>
<td>Urgent, unplanned care in the hospital emergency room – without being admitted to the hospital.</td>
<td>10%</td>
<td>12%</td>
<td>12%</td>
</tr>
<tr>
<td>Admitted to the hospital</td>
<td>20%</td>
<td>18%</td>
<td>17%</td>
</tr>
</tbody>
</table>

Rewards

• Financial Benchmarks

![Financial Benchmarks Graph](chart.png)
Rewards

Financial Benchmarks

Deep Dive in Productivity

- Serves patient satisfaction through accessible and responsive care provision:
  - Manpower and capacity management
  - Predictive staffing to manage market demand

- Effective care management and efficient processes and clinician behaviors lower the cost of care while improving the quality.

- Service of the Triple Aim is an ongoing journey in organizational improvement.
Are You Prepared to Take a Deep Dive?

In Service of the Triple Aim

In Service of People

Your Questions?
CONTACT INFORMATION

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