



**Scope of Work for:**

# **MCHD Clinic Division Performance Improvement and Implementation Plan**

**Presented to:**



**Anthony Trotman**  
Assistant County Manager  
Charlotte Mecklenburg Government Center  
600 East 4th Street  
Charlotte, NC 28202

**Presented by:**

**Robert W. Kirk**  
Director  
101 S. Tryon Street, Suite 2820  
Charlotte, NC 28280  
704.307.1453 Mobile  
robert.kirk@navigant.com

**Brent Shive**  
Director  
101 S. Tryon Street, Suite 2820  
Charlotte, NC 28280  
704.202.9867  
Brent.Shive@navigant.com



June 23, 2017

Anthony Trotman  
Assistant County Manager  
Charlotte Mecklenburg Government Center  
600 East 4th Street  
Charlotte, NC 28202

*Via e-mail:* Anthony.Trotman@mecklenburgcountync.gov

**RE: Clinic Division Performance Improvement and Implementation Plan**

Dear Anthony:

Thank you once again for the opportunity to continue assisting you and your team by moving forward with the implementation of the recent clinic division assessment recommendations. Our work with you over the last few months has given us great insights as to how to restructure the clinic organization to:

- Maximize performance
- Improve patient services and satisfaction
- Enhance employee performance and satisfaction, and organizational culture
- Maximize the financial return to the citizens of Mecklenburg County

The information that we learned while conducting the assessment will be used to structure an approach to ensure a successful implementation.

As we emphasized during the June 13<sup>th</sup> Assessment Report presentation, there is a high level of commitment within the Mecklenburg County Health Department (MCHD) clinic leadership team and employees to embrace change that will enhance the services provided and overall performance of the department. It is upon that foundation that we will work to effectively move forward in the areas identified as opportunities for improvement.

Our attached proposal provides specific details on implementation scope, approach, staffing and associated fees. We welcome the opportunity to work with you on these very important initiatives.

We are excited at the opportunity to continue our partnership with MCHD. If you have any questions, you may reach me at 704.307.1453 or Brent at 704.202.9867.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert W. Kirk".

Robert W. Kirk, FACMPE  
Director

A handwritten signature in black ink, appearing to read "Brent Shive".

Brent Shive, FACHE  
Director

## Table of Contents

<b>Section I</b>	<b>Our Understanding of Your Needs</b> .....	<b>1</b>
<b>Section II</b>	<b>Engagement Scope and Approach</b> .....	<b>3</b>
	Workstream 1   Electronic Medical Records (EMR) .....	6
	Workstream 2   Clinical Care Model and Delivery .....	10
	Workstream 3   Customer Contact Center / Call Center .....	16
	Workstream 4   Pursue a strategic laboratory Management Affiliation with external partner for remaining in-house laboratory operations. ....	24
	Workstream 5   Executive and Management.....	27
	Workstream 6   Enhance Quality Programs to permeate clinic organization and exceed state requirements. ....	29
<b>Section III</b>	<b>Engagement Team</b> .....	<b>36</b>
<b>Section IV</b>	<b>Timing and Your Investment</b> .....	<b>40</b>
<b>Section V</b>	<b>Client Responsibilities</b> .....	<b>41</b>
<b>Appendix A</b>	<b>Biographies of Proposed Navigant Team</b> .....	<b>42</b>

## Section I Our Understanding of Your Needs

Mecklenburg County Public Health Clinic Division (Mecklenburg County) is an integral component of the Public Health Department. Mecklenburg County retained Navigant to conduct an assessment of the clinic division's clinical and operation's environment of their two main clinics providing a variety of clinical health services that include but are not limited to: Women's Health, Immunizations, HIV and STD Testing, Breast and Cervical Cancer Screenings, and Family Planning. Navigant's assessment specifically focused on evaluating the following:

- Clinical workflow and patient throughput
- Laboratory workflow including results reporting, monitoring and accountability, and patient notification
- Provider and clinic staffing efficiency and effectiveness
- Clinic policies and procedures
- Clinic job aids, competency assessment, and identification of gaps in training specific to the use of EHR
- Patient care quality assurance assessment and monitoring in both clinics, and recommend, as appropriate, quality measures
- Administrative and organizational structure to manage the clinics
- Clinical operations in accordance to "best practice" standards of operations

On June 13, 2017, the Navigant team presented their findings and recommendations of the MCHD Assessment Project to Mecklenburg County leadership.

The objective of the performance improvement work is to improve Mecklenburg County Clinic's performance by:

- Removing barriers to patient service and improving patient satisfaction
- Enhancing financial and operational performance and results
- Improving organizational structure, management effectiveness, and staff performance via a refined care team model that will ensure patient care is everyone's top priority and actions evolve around that priority
- Streamlining of critical processes both in the clinical and administrative areas of the organization

Specifically, we will use the in-depth analysis recently completed to enhance the effectiveness of operational areas within the clinic. Specifically, we will implement performance improvement actions in the following areas:

- Electronic Medical Records (EMR)
- Clinical Care Environment
- Call Center
- Laboratory Operations
- Executive and Management Structure, Span of Control and Effectiveness
- Clinic Quality Assurance and Improvement across the clinic division
- Use of Technology

MCHD Leadership wishes to move forward with implementation of recommendations and has requested Navigant to provide a detailed implementation plan.

## Section II Engagement Scope and Approach

### Engagement Scope of Services

---

As requested by county leadership, we have categorized the recommendations into six major Workstreams for implementation as follows:

	Work Stream
1	Enhance <b>EMR</b> performance to maximize clinic performance, maximize patient management, eliminate multiple documentation approaches, and minimize risks.
2	Restructure current <b>Clinical Care Model and Delivery</b> resulting in: improved patient satisfaction, improved patient access, implemented alternative methods to deliver care as legally and regulatory allowed, and improved financial performance of the clinics.
3	Restructure <b>Customer Contact Center / Call Center</b> to maximize centralization and standardization of patient registration, prior authorizations and precertification, scheduling of patient appointment types and procedures and enhance Clinical Nurse Triage.
4	Pursue a <b>strategic laboratory Management Affiliation</b> with external partner for remaining in-house laboratory operations.
5	Redesign <b>Executive and Management</b> structure.
6	Enhance <b>Quality Programs</b> to permeate clinic organization and exceed state requirements.

### Engagement Approach

---

Together with MCHD leadership, we have assessed the organization’s systems, structures, and processes to determine readiness for change, identify opportunities for improvement, and prepare the organization to implement and sustain improvements. Navigant’s approach to the **Enterprise Performance Excellence Journey** is organized into three phases which are described in the following chart. While the three phases include Assessment, Design and Implementation, the scope of work and commensurate fees for this proposal are solely related to the Design and Implementation Phases.

	Phase 1 Assessment Months 1-3	Phase 2 Design Months 4-5	Phase 3 Implementation Months 6-8
Goal	Define opportunities	Develop solutions	Deliver results
Project Activities	<ul style="list-style-type: none"> <li>• Create project charter</li> <li>• Identify and engage client stakeholders for assessment, schedule interviews</li> <li>• Conduct best practice review</li> <li>• Submit data request</li> <li>• Conduct current state situational assessment</li> <li>• Conduct qualitative review (interviews and process observations)</li> <li>• Conduct quantitative review (benchmarking, data analysis, span of control &amp; validation)</li> <li>• Identify magnitude of improvement opportunities (gap between current state and target benchmark) for each functional area</li> <li>• Define implementation workstreams</li> </ul>	<ul style="list-style-type: none"> <li>• Conduct further due diligence to support design</li> <li>• Design, build and test people, process and technology solutions and identify realization schedule for solutions/recommendations</li> <li>• Define scope and scale of pilot</li> <li>• Determine scaling timeline/ramp-up across organization</li> <li>• Create detailed implementation plans for each of the approved recommendations/solutions</li> <li>• Develop staff training plan and materials</li> </ul>	<ul style="list-style-type: none"> <li>• Conduct pilot per design</li> <li>• Conduct full rollout of solution/implementation of approved recommendation</li> <li>• Monitor actual quality, operational and financial performance against realization schedule</li> <li>• Develop plans to achieve targets when targets are not being met</li> <li>• Monitor and reassess risk and impact</li> <li>• Transfer knowledge and capability to client</li> </ul>
Deliverables	<ul style="list-style-type: none"> <li>• Project charter</li> <li>• Current state situational summary</li> <li>• Gap analysis between current state and target benchmark</li> <li>• Identification of process improvement opportunities</li> <li>• Prioritized initiatives and implementation workstreams</li> <li>• Desired performance expectations/targets - financial, quality and operational</li> </ul>	<ul style="list-style-type: none"> <li>• Solution and/or design specifications including workflows, process maps, governance structure, etc.</li> <li>• Benefit realization methodology and plan</li> <li>• Detailed Implementation work plan</li> <li>• Training plan and materials</li> </ul>	<ul style="list-style-type: none"> <li>• Updated implementation work plan</li> <li>• Risks and Issues log</li> <li>• Project dashboards and status report</li> <li>• Value realization</li> <li>• Transition plan</li> <li>• Lessons learned</li> <li>• Monthly measurement updates</li> </ul>

The three-phase process is optimal for assessing, designing and implementing performance improvement actions and initiatives to ensure that we are maximizing the effectiveness of the organizational assets and resources and are being efficient in the design of the future Clinic Division.

**Phase 1 – Clinic Assessment**

Successfully completed assessment phase ahead of schedule and on budget.

**Phase II – Design and Build Future State**

The second phase of the engagement is to “Design and Build” the future state. During this phase, Navigant staff will design and develop practice processes and infrastructure that will be implemented in the clinics to support the new mode of operations. This may include and is not limited to the development of the following:

1. Organizational charts
2. Job descriptions
3. Clinic workflows
4. Clinic policies and procedures
5. Job aids, and training materials.

This work will be done on and offsite, and we anticipate this work will take 4 to 5 months to complete.

### **Phase III – Implementation**

The Navigant team will return onsite to the clinics and begin the implementation phase of the engagement. This is the culmination of all previous work and results in the actual realization of the future state design in the clinics. The Navigant team will provide overall project management, guidance, support, and work side by side with clinic leadership and staff to implement the new processes. Once implementation is completed, we will transition all activities to the clinic leadership and staff. We anticipate the implementation phase will last approximately 6 to 8 months.

### **In Summary**

Based upon our experience with organizations similar to Mecklenburg County, we expect the entire engagement to last approximately 8 months, depending upon availability of data, resources, etc.

Through our work over the last 3 months, we understand the importance and role that the Public Health Clinic has within your community. Also, we understand the importance of not only improving overall operations to better serve patients but also to enhance morale and the work environment for your providers and staff. We are confident Mecklenburg County will find our collective complement of resources and knowledge second-to-none, and we look forward to this partnership.

### **Establish Project Organization**

Throughout the engagement, we propose that the Navigant core team report directly to the MCHD Executive Sponsor (to be identified). Navigant's Engagement Director will be the primary point of contact meeting with MCHD Leadership Team on a recurring basis to provide status updates pertaining to our team's progress and accomplishments during the tenure of this engagement. We will work with your leadership team and staff in a collaborative manner to help coordinate our work and communicate our progress.

We envision the development of a small Steering Committee (5 - 6 individuals) prior to the start of the engagement. The Steering Committee, led by an Executive sponsor, would be composed of internal stakeholders representing various constituencies (by staff level and skill set) from the Mecklenburg County Health Department and clinic. Navigant will work collaboratively with the Executive Sponsor and members of the Steering Committee to ensure the achievement of project goals. The Steering Committee's roles / responsibilities would include the following:

- Provide overall direction and oversight of the project.

- Create organizational urgency and excitement regarding the importance of this initiative.
- Communicate with key constituencies the overall purpose and goals of this initiative.
- Ensure alignment of improvement recommendations with organization’s objectives.
- Help achieve consensus among key constituencies.
- Serve as champions for improvement and integration opportunities.

In addition to the steering committee, we would propose the creation of implementation teams, with representatives from Clinic Division and Navigant personnel, for each of the respective Workstreams. Each Workstream will be responsible for the following: providing bi-weekly status updates, conduct integration sessions to identify synergies and opportunities, prioritize initiatives, and execute improvement actions across their functional areas.

During the implementation phase, each Workstream leader will partner with specific clinic leader to:

- Conduct a deeper dive analysis.
- Engage appropriate individuals directly with future state design.
- Obtain support involving implementation actions / initiatives around each of the Workstreams.

Workstreams will focus on the following:

## Workstream 1 | Electronic Medical Records (EMR)

**Recommendation: Enhance EMR performance to maximize clinic performance, maximize patient management, eliminate multiple documentation and paper processes approaches, and minimize risks.**

Estimated Engagement Timeline: 3 months

### Workstream Overview

#### Initiative I: Health Information Technology Steering Committee

Create a Health Information Technology (HIT) Steering Committee, led by clinicians, with decision-making power. The committee will be responsible for the following:

- Develop a HIT strategic vision.
- Oversight of clinical documentation requirements.
- Oversight of Cerner PowerChart and SPM in-depth assessment of current functionality.
- Develop an EMR optimization plan.
- Develop a Meaningful Use (MU) strategy – must be in place by the end of 2017 to attest for MU in April 2018.

- Develop a patient portal strategy– must be in place by the end of 2017 (one of the MU criteria).
- Develop a strategy to connect to NC HealthConnex (State-wide Health Information Exchange) – must be in place by February 2018 to receive Medicaid reimbursement.

Work in conjunction with Navigant to conduct a “Functional Needs Detailed Analysis”.

- Current State Evaluation by Clinic and by Program.
- Client Diligence
- Functional Need Identification

EMR Strategy Development

- Initial Cerner Gap Analysis
- Clinical / Billing / IT Strategy Development
- EMR Strategy Recommendation

### Initiative II: EMR Non-Clinical Functional Needs Assessment Evaluation

Navigant will complete a comprehensive EMR functional assessment to understand current state environment and future state need. The deeper dive evaluation will review the following NON-CLINICAL function(s):

- Patient Access
- Patient Financial Services
- Revenue Integrity
- Health Information Management
- Managed Care
- Accounting / Finance
- Operational Reporting
- Revenue Cycle Vendor Contract Review
- Revenue Cycle IT function (if applicable)

Navigant will complete a comprehensive EMR assessment in the additional areas below to understand current state environment and future state need. The assessment will evaluate the following function(s):

- Order Entry and Charge Generation Methodology
- System Integration and Information Transfer Throughout Patient Care
- Scheduling System Integration with Clinical Workflow(s)

- Medical Necessity Workflows
- Utilization Review / Case Management
- Patient Population Health Management

Navigant will evaluate all current bolt-on vendor use / independent systems and provide short and long-term recommendations that best align with the new revenue cycle HIS system, including (but not limited to):

- Patient Estimator
- Eligibility and Authorization
- Clearinghouse, Claim Scrubber, Statements
- Independent Systems: Avatar, NCIR, NC EDSS, NC HealthConnex, etc.

**Key Deliverable Set**

1. Key Functional Assessment Report Out
2. Current State Systems Matrix
  - Fees
  - Functionality
  - Contract Term
  - Integration Matrix

**Initiative III: EMR Strategy Development**

Navigant will provide advice and a formal recommendation for management’s consideration related to Cerner’s current state functionally and future state sustainability. Navigant will complete a workflow capability matrix to compare potential vendor(s) to the current state functionality needs identified during the Functional Needs Assessment.

Navigant will provide a formal recommendation on whether or not MCHD should undertake a diligence process with multiple vendors or if Cerner can meet the need of MCHD in both the short-term and the long-term.

**Key Deliverable Set**

1. Site Visit / Reference Call calendar and scoring matrix
2. EMR Strategic Vision
  - IT Platform Goal(s)
  - Functional Alignment
  - Facility Integration

- Operational Factor(s) for Consideration
- Formal recommendation related to Cerner viability

#### **Initiative IV: EMR Clinical Functional Needs Evaluation**

Concurrently, Navigant will conduct an in-depth assessment of the critical clinical documentation requirements that must be captured to deliver quality patient care and meet all state and federal reporting requirements:

- Create a “Documentation Forms Working Group” whose purpose will be to obtain a clear understanding of all documentation requirements for each clinical program within SPM, as well as state and federal reporting requirements.
- Gather all forms currently in use in each of the clinical programs within SPM – log all forms into a database by clinical program.
- Assess all forms for commonality and differences.
- Establish final documentation requirements necessary to deliver quality patient care and meet all state and federal reporting requirements for each clinical program.

Once documentation and reporting requirements have been established, conduct a further evaluation of current PowerChart and SPM functionality to determine if system optimization will meet your needs.

If current PowerChart and SPM functionality will not meet clinic division needs, consider replacing PowerChart and SPM with one of the following:

- Upgraded version of Cerner.
- Epic EMR provided by Novant’s Community Connect program.
- EMR specific to Public Health.
- This will require conducting a modified vendor selection process.

Review all applications in use by MCHD and explore options for interfacing with PowerChart and SPM to minimize duplication of data entry.

Optimize network performance to minimize slow connection and freezes of Cerner environment.

## Workstream 2 | Clinical Care Model and Delivery

**Restructure current Clinical Care Model and Delivery resulting in: improved patient satisfaction, improved patient access, implemented alternative methods to deliver care as legally and regulatory allowed, and improved financial performance of the clinics.**

Estimated Engagement Timeline: 8 months

Imagine MCHD being able to deliver its mission to every patient, every time. Navigant's implementation tools and methodologies are innovatively designed and provide a crucial step towards MCHD achieving its mission of providing high-quality, affordable care to its patients.

Physicians and clinical care teams become fully engaged in the care redesign mission when it is backed by leading clinical practice and research supported models. Navigant's care redesign methodology focuses on harmonizing clinical experience with evidence-based research. Our pragmatic approach strategically emphasizes steps in the care process that truly impact both cost and quality. Navigant's methodology reduces silos by focusing on not just one, but several design areas, which makes our work more scalable and sustainable across MCHD. Our methodology provides a platform for collaboration and integration with functional support areas, such as pharmacy, information technology, quality, and quality improvement.

Our approach is designed to quickly assess root causes for increasing appointment times. In addition, our assessment will identify opportunities to reduce clinical variation, improve throughput and provide recommendations to engage clinicians to align and accelerate organizational goals. Your work will be informed by data analysis to insure we capture the greatest areas of opportunities and focus on the most significant process/practice variation.

Navigant has significant experience with the operations and processes that drives Clinical Operations and the Comprehensive Plan of Care across the continuum and how they can be best managed, monitored and improved using metrics driven management, high-performing team-based care and Navigant's methodology of innovating on 'leading practice' prototypes. Our team will be composed of experienced clinicians, healthcare professionals, and data analysts who have worked directly in healthcare environments and held leadership positions. We intend to leverage this experience and knowledge on behalf of MCHD.

Navigant understands and appreciates the countless moving parts required to **provide the right care, to the right patient, in the right setting, at the right time**. We will take a holistic approach to assessing the present strengths you have developed in improving the effectiveness and efficiency of the clinical and support services management processes. This enables Navigant to partner with MCHD to identify opportunities to streamline clinical practices and patterns, and drive operational enhancements to maximize patient throughput, customer satisfaction, and reduce waste and redundancy.

Most patients view the medical care they receive as a necessity provided by physicians who adhere to scientific norms based on previously tested and proven treatments. In reality, there are a variety of factors that influence variation in care, including but not limited to differences in provider training,

practice culture, ongoing research resulting in changes in recommended practice and individual preferences of physicians. Provider practice patterns are not the only contributing factor influencing variation in care. Adherence to operational processes and clinical protocols require all care providers to consistently perform according to specific procedures and practice guidelines. Conformance with policies, practices and protocols may be disrupted by inefficient or ineffective operational processes; even when there is consensus about optimal practice, actual delivery of consistent standards based care requires a supportive operating environment that makes it easy to “**do the right thing.**”

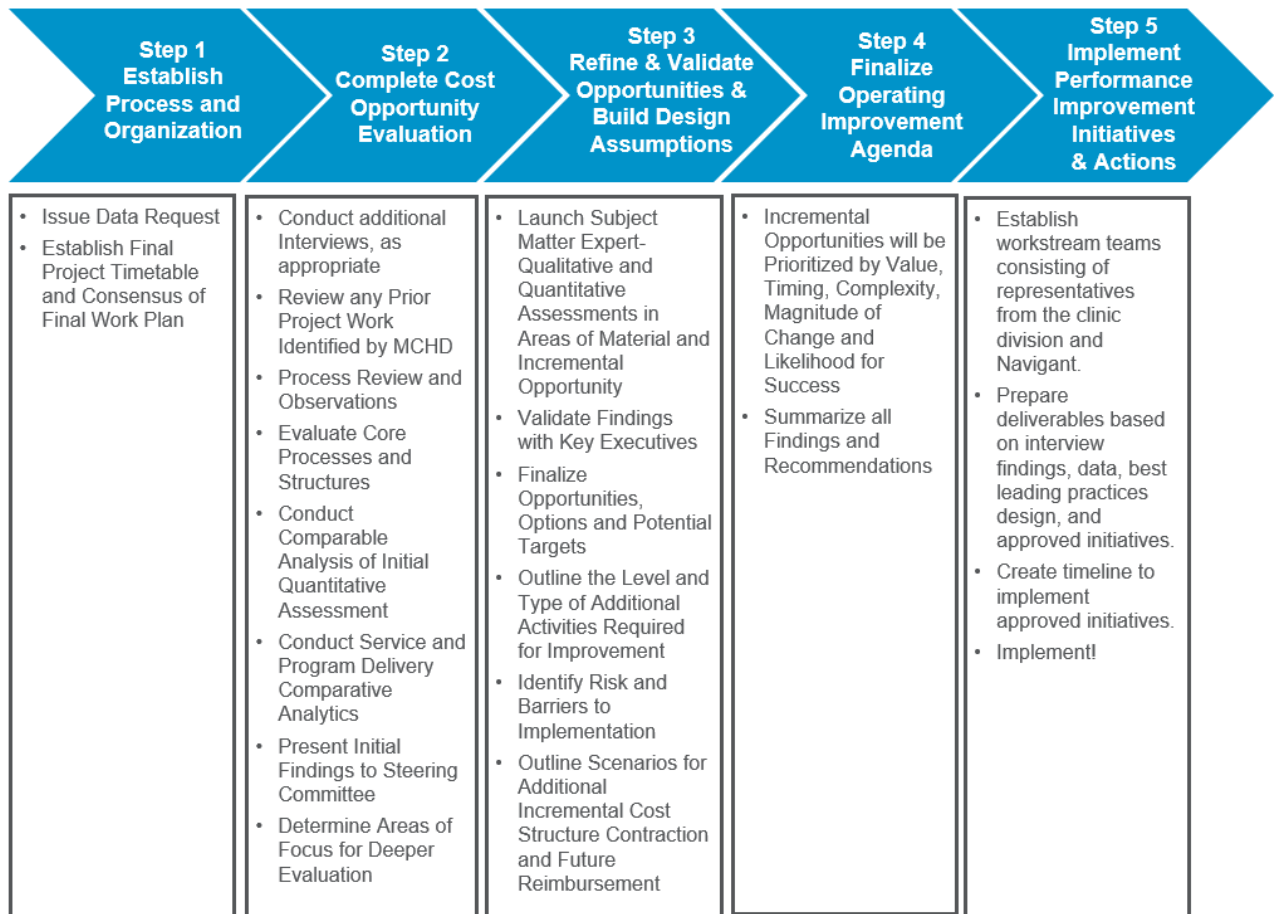
Multiple core capabilities are required in order to optimize care delivery and reduce variation. Clinical governance is critical to provide oversight and ongoing accountability for established, standardized approaches. Provider and clinic leadership and engagement are imperative to align medical staff in the consistent treatment of specific patient conditions. Infrastructure and systems are needed to facilitate and then capture ongoing measurement of adherence to standardized delivery of care. The complexities of the Health Department require your organization to embark upon a multi-faceted journey to transform the delivery of care.

### **Methodology and Process**

Navigant will conduct a deeper dive evaluation and review across the clinics. We will use these findings, along with our findings discovered during the assessment phase, to identify (with MCHD Leadership input) areas warranting redesign and implementation by the Workstream team.

Navigant’s deeper dive analysis will identify additional opportunities/gaps for improvement in operational and clinical performance. The findings from this analysis will serve as the foundation for the development of the improvement plan / road map to optimize, coordinate care across the continuum, reduce inappropriate clinical variation and ultimately, cost.

Our goals and strategies for this Workstream will be to align providers to promote integrated care, streamline care processes, and enhance patient experience by providing patient-centered care to energize providers, staff, and leadership. Ultimately, this will allow MCHD to follow / adhere to the “Triple Aim” of improving quality, decreasing cost and improving patient satisfaction.



Our recommended approach will facilitate a roadmap designed to achieve MCHD’s clinical variation improvement targets while enhancing the quality and safety of clinical care and the overall patient experience.

We believe that Navigant is uniquely qualified to partner with MCHD for this important initiative to eliminate waste, redundancy and non-value added care. Our physician and nurse teams have successful, hands-on and practical experience with improving patient care. Navigant’s point of view on performance improvement is based upon the tenant that an organization can achieve and sustain results if there is a willingness to commit and improve – irrespective of the magnitude of the change imperative. Navigant brings change strategies and significant content knowledge, but our approach is always to find the “right” design for our clients declared inputs (mission, vision, and strategy) and committed outputs (goals, targets, performance outcomes). We are not bound by specific models or single answers, but rather achieving the “right” results.

Navigant has hand-picked a team of seasoned consultants that includes physicians, nurses, former health system executives and experienced consultants. Our team is committed to the success of this engagement and the achievement of all goals.

To kick-off the engagement process, Navigant will begin with Pre-Work. In this Step, along with the

Initiative Set-Up, we will validate MCHD’s current state, complete a gap analysis and develop a project plan to lay the groundwork to allow us to effectively and efficiently drive the engagement.

**Step 1 | Establish Process and Organization**

**Key Activities:**

- Determine engagement participants, including members of the Steering Committees and any Area of Focus Leads.
- Develop project calendar, including scheduling all Steering Committee Meetings.
- Develop and submit comprehensive Information Request. Review results and request additional / updated data, as necessary.
- Determine and launch initial project communication approach.

**Step 2 | Complete Deeper Dive Evaluation**

**Key Activities:**

The following objectives and scope will be included in the high-level review of current work activities.

Focus Area	Objective	Scope
<b>Clinic Processes, Practices, and Performance</b>	<p>Assess the overall effectiveness and efficiency of the care coordination processes.</p> <p>Evaluate <b>Clinical Operational Integration (COI)</b> which focuses on the design and the real-time integration of 4 critical functions:</p> <ul style="list-style-type: none"> <li>• Real-time patient throughput</li> <li>• Integrity of documentation</li> <li>• Optimization of resources</li> <li>• Staff optimization and workflow management to provide a predictable, high quality, cost effective and reliable patient experience</li> </ul> <p>Evaluate <b>Clinical Operational Effectiveness (COE)</b> to assure that the clinical processes of care have been redesigned by</p>	<p>Complete a gap analysis and identify opportunities to reduce waste while increasing quality and safety, to include but not limited to:</p> <ul style="list-style-type: none"> <li>• Practice variability</li> <li>• Over and under-utilization of ancillary services</li> <li>• Timeliness of scheduling services and procedures</li> <li>• Delays in services</li> <li>• Quality of care indicators</li> <li>• Adequacy of medical record documentation</li> <li>• Barriers to effective patient throughput</li> <li>• Appropriateness and Level of Care</li> <li>• Use of supplies and purchased services</li> <li>• Workflow variability</li> </ul>

Focus Area	Objective	Scope
	multidisciplinary teams, reducing process variation and operational inefficiency to deliver high quality, reliable quality care.	Review of Clinic Process and Work Flow: <ul style="list-style-type: none"> <li>• Staffing Assignments and Allocation</li> <li>• Physician Interaction</li> <li>• Interdisciplinary Interactions</li> <li>• Review of Discharge Delay Reasons</li> <li>• Patient flow and throughput</li> </ul> Review of Clinical Operational Effectiveness <ul style="list-style-type: none"> <li>• Assessment of Staff processes that may impact visits</li> <li>• Practice Patterns</li> <li>• Review of EHR workflow processes</li> <li>• Care Variation Review informed by data analysis</li> <li>• Review of triage functions</li> </ul>

**Step 3 | Refine and Validate Opportunities and Recommendations / Build Scenario Assumptions**

**Key Activities:**

In Step 3, Navigant will deploy a team of Subject Matter Specialists who will conduct additional interviews, review data and apply proprietary analytics and other best-in-class methodologies to identify opportunities for significant and sustainable cost savings. Specific action steps will likely include:

- Navigant Subject Matter Specialists will complete more detailed comparative analyses of performance and operations for the areas deemed in scope and will use Navigant proprietary tools and any other applicable benchmarking tools. The Subject Matter Specialists will give disproportionate focus to areas of material opportunity. Analyses will include:
  - Evaluation of process models and internal leading practices across MCHD focus area
  - Use of Navigant proprietary tools and experiential benchmarks
  - Key functional measures against Navigant’s database of performance metrics
  - Publicly reported benchmarks, if applicable and appropriate
  - Evaluate core processes and structures that affect operational performance – including, but not limited to:

- Management structure and current span of control
- Operational structure and other efficiency factors – layout, technology use, physician alignment, communication and leadership etc.
- Inter and intra-departmental collaboration
- Assemble results of our interviews, confirm our understanding of organizational and operational goals, and review results of comparative analyses
- Following the Complete Deeper Dive Evaluation exercise in Step 2, Navigant will develop program-specific recommendations relative to positioning, restructuring and even possible elimination, if warranted. Navigant will outline a high-level timeline and implementation plan as well as the associated financial impact of the recommendations.
- Develop a summary report with findings and recommendations that will include identification and validation of immediate improvement opportunities.

#### Step 4 | Finalize the Operating Improvement Agenda

**Key Activities:**

- Finalize all findings and recommendations. Recommendations and options will be aggressive yet pragmatic and implementable and will account for material implications and co-dependencies. Provide specific client references on significant recommendations, as demonstrated leading practice, as needed.
- Prepare deliverable, including all interview findings.
- Prepare summary document and present and discuss at Steering Committee session

#### Step 5 | Implement Approved Performance Improvement Initiatives and Actions

**Key Activities:**

- Establish work teams consisting of representatives from the clinic division and Navigant.
- Prepare deliverables based on interview findings, data, leading practice design, and approved initiatives.
- Create timeline to implement approved initiatives.
- **Implement!**

**Workstream 3 | Customer Contact Center / Call Center**

**Recommendation: Restructure Call Center to maximize centralization and standardization of patient registration, prior authorizations and precertification, scheduling of patient appointments types and procedures and enhance existing Clinical Nurse Triage.**

Estimated Engagement Timeline: 5 months

An effective Customer Contact Center has the potential to be more than just the “**face**” of your operations; it can be the epicenter of your identity:

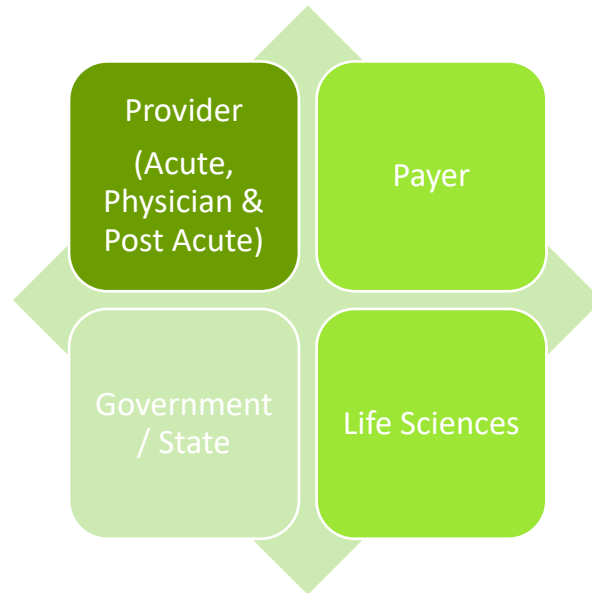
- Provides a **single point of contact** to serve patient needs, serving as a market differentiator based on ease of access and high level of patient service
- **Improves access to all services** and improves efficiencies by eliminating “silos”
- Creates a **revenue driving mechanism** through improved data collection and financial clearance, increased referrals, and outgoing call campaigns
- **Improves the efficiency and effectiveness** of managing the flow and services provided to patients
- **Standardizes and optimizes the call center functions** through focus on increased automation, improved productivity, and reduced manual tasks / re-work

Navigant believes that technology has become increasingly more critical in driving patient satisfaction and loyalty. Healthcare providers have made significant investments over the past decade around technological capability, but an opportunity exists to connect often disparate systems and hard-wire processes to optimize its use, while delivering returns on this investment.

Navigant feels that the Healthcare industry can benefit from learning from the vast experience of other industries that have effectively leveraged Customer Contact Centers. The Financial, Energy, and Hospitality industries, as an example, had to shift their customer connection processes to keep pace with changing needs and growing competition within each of their respective areas. As Healthcare is now trying to keep pace with other industries in terms of sophisticated ways to serve their customers, we can leverage the success of organizations from other industries.

### Our Deep Contact Center Experience

In addition to our wide range of national experiences and consulting expertise, Navigant is proud to share one of the deepest and diversified teams focused on Customer Contact Center work. We have assembled a team of experts with both operations and consulting expertise across all aspects of call center work including:

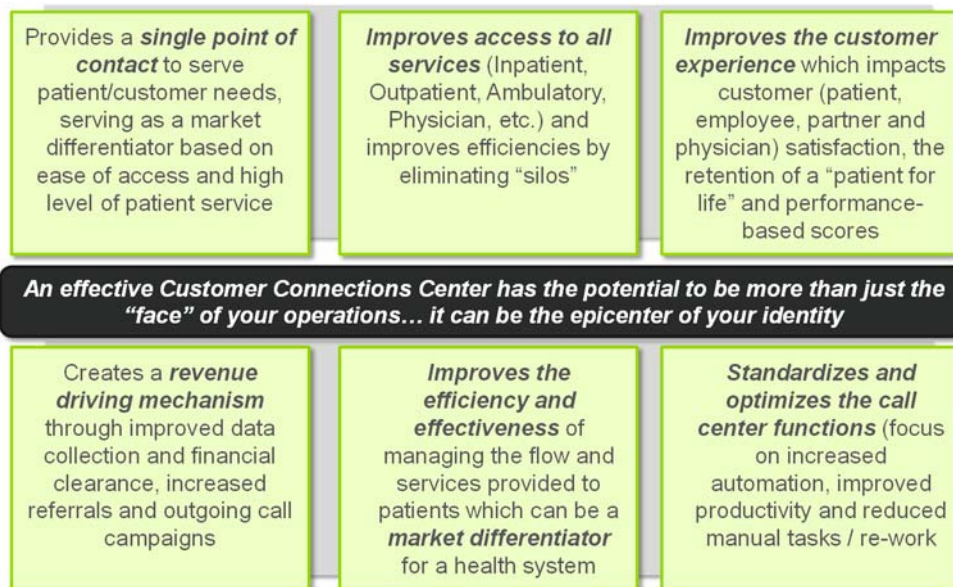


- Navigant has worked with some of the most advanced organizations in the country to enhance call center operations around such services as scheduling, revenue cycle, pre-access and authorization functions, triaging, results reporting and virtual visits.
- Our deep bench of strategy, operations, analytic, clinical and financial experts uniquely position Navigant to address the full spectrum of design and implementation issues inherent in building and capitalizing on system-wide capabilities.
- We have developed comprehensive benchmarks and methodologies to drive performance.
- Our inclusive approach engages employed and affiliated physician groups and their staffs to maximize the efficacy of the Customer Contact Center and aligns the work with health system objectives.
- We have created programs that meet current needs while positioning for the changes imminent in most markets.

The keys to successfully implementing a Customer Contact Center will be depend on the strategic design, development, and full execution of the following components:



The team will be complemented by practice leaders and directors, subject matter specialists, nurses, physicians, analytical support staff, and other resources as necessary to ensure successful achievement of our mutually defined outcomes.



### Workstream Milestone Overview

Navigant would recommend the following steps for the “Centralized Contact Center Design and Implementation” engagement:



### Sample Workplan

An effective strategic design and implementation of a comprehensive Customer Contact Center can drive the following outcomes for your organization. Additionally, by purposefully sequencing and linking people, process and technology design tasks, as outlined in the High Level Workplan below, our integrated methodology will bring together key inputs across the Customer Contact Center, business operational units, and the IT department for collaborative decision making. Example of a workplan provided below:

Phase / Step	Project Month												
	1	2	3	4	5	6	7	8	9	10	11	12	13+
<b>Project Kick Off</b>													
<b>Current State Assessment</b>													
<b>Strategic Design</b>													
- Operations Governance Structure (A1)													
- CCC Operating Model (A4)													
- Scope of Services (Phase and Future Phases) (A2)													
- Structure / Resource Allocation													
- Workflows and Procedures (A3)													
- Facility planning (A5)													
- Metrics													
- Technology													
- Business functional requirement - Omni channel Patients/Customer engagement model and requirement													
- Business operation requirement (business continuity planning, disaster recover, continuous availability/high availability)													
- Application and infrastructure requirement													
- Business and technology logical design													
<b>Implementation Plan</b>													
- Create Implementation Plan with key tasks, timing, dependencies and resources													
- Create Omni-Channel Technology Roadmap													
- Create dept / team migration plans (B5)													
<b>Solution Design and Development</b>													
<b>Operations</b>													
- Completion of activities required prior to Phase 1 readiness, including: (A6)													
- HR / Staffing / Transition of current employees (B1)													
- Communication / Change Management (B4)													
- Process / Operations Changes													
- Customer Access Strategy (C1)													
- Standardized Appointment types (C2)													
- Call Routing / Flows (C3)													
- SLAs (C4)													
- Facility / Real Estate													
- Logical / Space Planning													
- Development and Build													
- Facility Support Time / Downtime (e.g. Generator Power Backup) (C5)													
- Training (B2)													
- Metrics (B3, E1, E2)													
<b>Technology</b>													
- Completion of activities required prior to Phase 1 readiness, including:													
- RFP, solution/cost analysis, and vendor recommendation (D12)													
- Omni-Channel Technology Roadmap (D2)													
- Technology physician design													
- Deployment & Migration planning (D4)													
- System configuration													
- System testing													
<b>Implementation &amp; Operationalization</b>													
- User training													
- Phased go live													
- Post Go Live Monitoring													

Legend	
Shading	Phase
Blue	Phase I
Green	Go Live
Yellow	Post Go Live Activity

### **Step 1 – Kick Off & Current State Review**

The Kick-Off helps to lay the initial foundation for the entire project. It is important that this phase is collaborative with the MCHD Workstream leads so together we can communicate the goals and intended outcomes for the overall project.

In defining the Workstream organization and governance, we recommend the following steps:

- 1) Prepare a data request which will provide Navigant with insights into current Customer Contact Center operations
- 2) Finalize the Workstream management templates that will be utilized to facilitate accelerated decision-making, ongoing project management, risk tracking, and successful outcomes
- 3) Conduct project management start-up activities
  - Hold a Workstream kick-off meeting to confirm schedule, key stakeholder interviewees, and coordination of data request.
  - Determine Workstream oversight structure that ensures effective guidance and decision making throughout the project.
    - Identify sponsors who are responsible to provide direction and organizational insights to the Navigant team.
    - Determine team participants who are responsible to review findings and approve go forward plans and designs.
  - Create a communication narrative around innovation, engagement, and leadership commitment to this initiative.

### ***Current State Assessment***

Navigant will work with MCHD to conduct a high-level Current State Assessment. It is important to note that the scope and timing for the Current State assessment process for MCHD has been reduced in comparison to a “typical” project approach based on the fact that MCHD has already completed an assessment. (Please note: if the assessment completed from MCHD omits key assessment areas that will need to be completed, the overall timeline may be impacted to expand the scope of the assessment). Navigant will work with MCHD to review and leverage the findings of the completed assessment to validate the findings and see if there are additional gaps or areas of need.

Navigant will complete the following steps in the Current State review:

- 1) Review / inventory current capabilities
- 2) Review findings from previous MCHD Customer Contact Center assessment
- 3) Identify any gaps and / or shifts in process since the last assessment was completed
- 4) Conduct focused interviews and observations to gain comprehensive understanding of current processes and structure

- 5) Analyze key data and metrics to understand current performance and establish a performance baseline
- 6) Develop assessment findings and recommended action plans
  - Technology
  - Operations
- 7) Review / vet assessment findings with key leaders at MCHD to gain commitment to needed changes and refine the roadmap for success

The following deliverables will be included in Step 1.

- 1) Defined Project resources
- 2) Workstream Kick-Off agenda
- 3) Workstream Kick-off presentation
- 4) Detailed data request
- 5) Project management tools
  - Risk tracking process
  - Workstream dashboard
  - Status Report
  - Change Management templates and protocols for requested changes / activities and process for escalating to team members, management, senior leaders, and MCHD overall, as appropriate
- 6) Current State Assessment Report (PowerPoint presentation of recommendations)

## Step 2 – Strategic Design

Before detailed implementation plans can be established for the Workstream, it is important to define and agree on the specific model and design. The design of the Customer Contact Center could impact the recommended implementation approach, resources and timing. It is important to define the following:

- Customer Contact Center Operating Model Design
  - Scope of Services
  - Structure / Resource Needs (to be utilized for staffing analysis and job description development)
  - Detailed processes and Policy decisions
  - Facility Planning Review

- Technology
- Application and infrastructure requirements
- Business and technology logical design
- Key Performance Metrics

### **Step 3 – Implementation Planning**

Navigant will collaborate with MCHD to create specific, detailed implementation plan and Workstream tools to ensure that there is a detailed, robust plan in place to manage the overall initiative.

#### **Implementation Planning**

The implementation plan will be collaborative, multi-disciplinary steps focused on the key areas for the implementation. This plan will serve as the guide throughout the build and implementation phases. The following section outlines the key areas of focus that will be integrated into the implementation plan with specific examples of some of the key items for consideration:

- 1) Organizational structure
- 2) Operations / Processes / Work Delegation
- 3) Human Resources
- 4) Workspace / Facility Plan
- 5) Technology (including roadmap)
- 6) Change Management and Project Communication
- 7) Performance Monitoring
- 8) Onboarding, Training and Education

#### **Department / Team Migration Plans**

In addition to the detailed implementation plan, Navigant will also prepare a phased implementation roll-out approach and schedule for the overall initiative.

The following deliverables will be included in Step 3:

- 1) Detailed project plan with key milestones and deliverables (including Gantt charts)
- 2) Department / Team Level Migration Plan (Timeline and Integration of functions / teams)
- 3) Technology Roadmap

#### Step 4 – Solution Design and Development

Once the implementation plans have been finalized, Navigant will define “Work Groups” that will be focused on the build and execution of necessary implementation tasks. The “Work Groups” will be comprised of key stakeholders from MCHD and each should be assigned an MCHD leader.

Examples of key activities that will occur in this step of the project include:

- 1) Organizational Structure / People
- 2) Human Resources
- 3) Operations / Processes / Work Delegation
- 4) Change Management and Project Communication
- 5) Performance Monitoring

The following deliverables will be included in Step 4:

- 1) Call Center Design & Development Project Management including:
  - Weekly status reports, tracking to project implementation timeline and major activities and accomplishments
  - Tracking of key decisions made
  - Documenting and communicating project risks and issues
  - Providing guidance with ongoing project communication needs
- 2) Recommended Contact Center organizational chart
- 3) Recommended Training Plan and functions to be included during training
- 4) Recommended Metrics (KPIs) to track during implementation and a report template
- 5) Solution / Cost Analysis
- 6) Vendor Recommendations
- 7) Technology Physical Design (in collaboration with the selected contact center vendor)
- 8) Meeting support and facilitation for key workgroup design and development meetings to ensure all necessary solution development deliverables are completed by each team
- 9) Transitioning the Project Leadership role to MCHD team for ongoing, post-implementation oversight and monitoring

## Step 5 – Implementation & Operationalization

The final phase is the Implementation and Operationalization support. Navigant will provide Workstream management leadership to go live during the timeframes determined in the Workstream timeline. Navigant will work on a transition plan with MCHD and work to prepare the MCHD Workstream leads to take the management roles after the initial go live. It is important to note that Navigant feels that this initiative needs to be a collaborative partnership between Navigant and MCHD to ensure the sustainability of the model. It would be our goal to ensure that the knowledge, tools and skills necessary to effectively manage the CCC initiatives going forward are appropriately transitioned from the Navigant team to the MCHD team.

It would be our goal to partner with the MCHD resources throughout the entire project so this is a seamless transition at the end of the project.

### Example Reports

The following list of reports are some examples of the types of reports that MCHD can expect throughout the project:

- High-Level Current State Assessment with Recommendations
- Project Status Report
- Detailed Workplan and Milestone Updates
- Project Performance Dashboard
- Post Go Live Performance Reporting

## Workstream 4 | Pursue a strategic laboratory Management Affiliation with external partner for remaining in-house laboratory operations.

Estimated Engagement Timeline: 6 months

### Laboratory Assessment Observations

The laboratory current state-of-affairs is **not sustainable in the long term** due to the increasing requirements to operate a High complexity (CLIA) laboratory that lacks a permanent Lab manager and performs (in-house) molecular assays and traditional GC/other plated cultures. Operational challenges are further compounded with the manual transposition requirements of tests referred to NC State Lab, which require paper ordering & reporting due to the lack of an interface, while experiencing service issues.

The (lab) assessment findings concluded with the following set of recommendations:

Recommendations	Tentative Time Line	Key Implementation Requirements
Re-align the In-house test menu - retain only time sensitive tests	3 – 6 months	<ol style="list-style-type: none"> <li>1. Make Decision/Operational transition planning</li> <li>2. CLIA accreditation change</li> <li>3. Modification of lab policies/protocols</li> </ol>
Discontinue in-house molecular and plated culture testing; refer to commercial lab	2 – 4 months	<ol style="list-style-type: none"> <li>1. Make Decision/Operational transition planning; pricing agreement with commercial lab</li> <li>2. CLIA accreditation change</li> <li>3. Modification of lab policies/protocols</li> </ol>
Limit referrals to NC State lab; leverage existing commercial lab capabilities	2 – 4 months	<ol style="list-style-type: none"> <li>1.1. Make Decision/Operational transition planning</li> <li>2.2. Reach pricing agreement with commercial lab</li> <li>3.3. Update internal lab policies/protocols</li> </ol>
Implement SLA dashboard	1 – 3 months	<ol style="list-style-type: none"> <li>1. Make decision/Agree on applicable SLAs</li> <li>2. Develop dashboard and tools (forms)</li> <li>3. Establish governing policy/update lab protocols</li> </ol>
Pursue a strategic laboratory Management Affiliation with external partner for remaining in-house laboratory operations	6 – 12 months	<ol style="list-style-type: none"> <li>1. Make decision and develop action (work) plan</li> <li>2. Complete required due diligence of tentative commercial lab partner(s) – note: data sharing will be required after NDA is established</li> <li>3. Formalize Lab Management arrangement (based on due diligence findings)</li> <li>4. Complete transition plan</li> </ol>

**Recommended Scope of Work and Approach:**

The Clinic needs to consider a two-phase approach that appropriately aligns laboratory and clinic services (based on client clinical needs), while establishing an appropriate strategy for future lab services and operations.

**Phase I:**

- The first step in the Phase I of (service) realignment is to change the laboratory CLIA accreditation level from “High” to “Moderate” complexity.
- Then, realign the lab scope of services to retain only retain time sensitive in-house testing (gram stain, wet prep, RPR, HIV screen, and waived tests).
- Last, and concurrently as part of the transition, outsource non-time sensitive testing including molecular assays, cultures, other, as well as tests (currently) referred to the NC State Lab.

**Phase II:**

- In the second Phase, the Clinic needs to establish a new strategy to manage the laboratory in the long-term (now as a Moderate Complexity lab operation). Specifically, evaluate feasible options, as follows:

- Option 1 (ideal): Establish a strategic Laboratory Management Affiliation with an experienced and reputable external lab provider to manage the remaining in-house lab operations. This provides a solid basis for the laboratory to remain atop of transformational changes required to deliver high quality laboratory services, including dedicated and experienced lab administrative and technical oversight. To expedite this option, the feasibility of extending an existing Agreement with LabCorp - to provide on-site services (aligned with time sensitive tests), while referring non-time sensitive tests to their commercial lab facility, and providing lab medical directorship – can be evaluated.
- Option 2 (less ideal): Retain in-house a limited in-house test menu required to support immediate patient needs. Leverage established reference testing services with LabCorp to refer all non-time sensitive tests and tests currently referred to the NC State lab. Place remaining (limited scope lab operation) oversight under the Clinic administrative oversight and Medical Directorship.

**Engagement Approach:**

We envision the recommended laboratory transformation will evolve in 4 phases of work (overlapping in some areas):

- First, establish process and organization to ensure synchronization between (recommended initiatives), governance, implementation and support team, time line, and milestones.
- Second, develop a well-planned implementation Work Plan encompassing all tasks and activities associated with each initiative to be implemented, as well as accountability in addition to establishing the required baseline for qualification/quantification
- Third, complete drive the execution of planned tasks and activities (governed by the stated Work Plan) through completion
- Fourth, complete an evaluation of prospective Partners (commercial labs and regional) through an RFI process, in accordance with County procurement guidelines

Specifically, for the overarching set of (interdependent) set of recommendations (previously stated), NCI laboratory specialists with support from MCHD designees will:

- Conduct a test menu realignment review in accordance with Clinic needs and service level requirements; the final test menu will be vetted with clinicians for final approval prior to implementation
- Collaborate with MCHD Medical Director and Lab Director to complete applicable notification and transactions with the CLIA (Federal agency) to make change (lab) accreditation levels to Moderate Complex
- Assist with proficiency testing adjustments and protocol changes associated with stated CLIA accreditation level

- Assist plan and implement the outsourcing of non-time sensitive tests to a commercial laboratory including working cooperatively with MCHD procurement department to secure appropriate pricing for tests (and volume) under consideration
- Assist with the execution and operationalization (people/processes/technology) of test re-routing changes (including test re-routing from the NC State Lab to a commercial lab) to ensure laboratory workflow, test ordering and reporting, tracking, and communication of results to provider are governed by up to date policies and protocols
- Assist develop and implement a standard set of laboratory Service Level Standards (and pertinent protocol changes and tools) in cooperation with MCHD Quality Department
- Assist with required operational adjustments associated with displacement of technology (e.g. BD Viper)
- Collaborate with MCHD procurement department to ensure vendor changes, associated with laboratory outsourcing activity are coordinated with operationalization timeline(s)
- In collaboration with MCHD Procurement Department, coordinate efforts associated with the evaluation of partners for a strategic laboratory management arrangement, specifically:
  - Develop and apply partner evaluation criteria based on critical success factors, key levelers of partnership, capital and operational expectations, technical and operational benefits in alignment with MCHD long-term objectives
  - Qualify & Quantify the operational and financial benefits of partnership options in collaboration with MCHD procurement office and finance designee(s), as well as the Clinic Director
- Provide a set of final recommendations, armed with justification criteria, to move forward with a laboratory management agreement or internally retain oversight of the (modified – Moderate Complex) laboratory program
- Provide an implementation plan for the long-term laboratory strategy

## Workstream 5 | Executive and Management

**Recommendation: Redesign Executive and Management structure.**

Estimated Engagement Timeline: 3 months

### Objectives

One of the critical areas to resolve is to define a “leading practice” organizational model, including governance and management structures, that integrate into the broader system and better aligns the clinic with its organizational goals. The work is organized to provide client leadership with an external, independent “leading practice” review and recommendation.

### Work Tasks

- Conduct individual interviews with Leadership and clinicians. The purpose of these interviews is to secure individual input on the current governance and management processes issues facing the group. Further, we will seek to clarify and understand the following:
  - Understand the nuances of the current leadership workings.
  - Understand the organization’s mission, values, preferences, etc.
  - Obtain perceptions of the current governance mechanism’s strengths and weaknesses, (e.g., possible inequities, counterproductive components, etc.).
  - Understand the strategies and objectives critical for the group’s success, and the resulting leadership activities the governance process should encourage.
  - Identify/confirm the specific leadership, governance, and management issues that need to be addressed during the project.
- Review Bylaws, Policies and Procedures, physician contracts, current copies of governing members’ duties, functions, organizing charter etc.
- Prepare a governance evaluation tool that will include key participant input in the evaluation of the current leadership and governance process.
- Facilitate a series of meetings to provide feedback to the participants and present alternative models from both our client experience and market information.
- Present a draft governance and management structure to MCHD leadership as part of our overall deliverable for the management and supervisory personnel.
- Develop new job descriptions, roles and responsibilities and accountability matrices.
- Work in conjunction with MCHD Human Resources department to **implement** the new management organization as proposed in the assessment phase.

**Workstream 6 | Enhance Quality Programs to permeate clinic organization and exceed state requirements.**

Estimated Engagement Timeline: 6 months

**Leadership/Quality/Compliance**

In Crossing the Quality Chasm, the Institute of Medicine (IOM) set forth a vision of a 21<sup>st</sup> century health care system that performs dramatically better than Mecklenburg County Clinic's current benchmarks. The IOM envisioned a care delivery system that delivers theoretically ideal care, across six dimensions of quality, for all conditions. The contrast between this vision and the present reality is stunning for many organizations. Even the best of our current health care organizations approach the ideal in one or two quality dimensions, for one or two conditions, only some of the time. Such a dramatic change in health care delivery systems will not be brought about by a simple project-by-project approach, using the same organizational structures that have produced the current levels of performance. Rather, this transformation will require rebuilding our leadership systems to focus the organization on improvement. It is Navigant's purpose in this document to propose an approach that will enable Mecklenburg County Clinic to successfully accomplish the IOM challenge of delivering ideal care.

Navigant proposes two phases. **Phase 1** will prepare your organization to *"Design and Build the Capabilities necessary to Execute and Implement change"*. In Phase 1 we propose to do the following:

- 1. Provide education and develop required documentation on developing high impact leadership to executive and management team**
  - The role of leadership
    - Establish and communicate the Vision, Mission and Strategic Direction
  - Building leadership behaviors to support the implementation of a quality and compliant operations
  - Build the Foundation for an Effective Leadership System; Developing the framework
    - Choose and align the senior leadership team
    - Reframe operating values
    - Develop Future Leaders
    - Build Relationships
    - Build improvement capability
- 2. Support your leadership in re-setting the Vision, Mission and Strategic Direction while building the *"Will for Change."***
  - Identifying internal and external customers and their requirements

- Strategic and Operational Planning with the Integration of Quality and Compliance
  - Developing the planning base and results required for the future
    - Interviews of key leadership of Strengths, Weaknesses, Opportunities and Threats (SWOT's) for strategic direction
    - Assimilation of current state assessment into priorities for strategic and operational planning
  - Defining how you will get there – Selecting key strategic priorities
    - Strategic and Operational Objectives
    - Programs and Services
    - Establishing breakthrough improvement goals
- Selection of few key improvement projects to support strategic and operational priorities
- Building the framework for an effective compliance program
  - Identifying the requirements
  - Develop the Compliance Program Plan

Navigant will begin **Phase 1** by providing educational sessions on the role of leadership as it relates to developing high impact organizations. There is solid evidence that leadership engagement and focus drives improvements in health care quality and reduces patient harm. How leaders think and view the world are critically important because what they believe shapes their leadership behaviors and provides direction to focus their efforts in transforming their organizations to value-based care delivery systems.

High-impact leadership requires leaders to adopt four key principles that support public health: 1) individuals and families must be partners in their care if we are to improve community health; 2) we must compete on value, with simultaneous improvements in quality and reductions in operating cost; 3) we must provide equity and access to the services that are required; and 4) everyone in the organization must understand and embrace their role in quality, compliance and the continual improvement of the services we provide.

**As a reference point**, the education and development of required documentation on developing high impact leadership to executive and management team will initiate the change process for how your leaders think about challenges and solutions. With a focus on these leadership principles, leaders shift the way they define success, considering new approaches and mobilizing their staff to adapt to the continually changing business environment. This builds the **will or desire** for improvement, promotes innovation and supports the required change.

The second component that will be addressed in **Phase 1** will be supporting your executive team in **“re-setting”** the vision, mission and strategic direction. Critical to this work is understanding how to integrate a focus on quality and compliance into these leadership processes and culture. It will be

important to utilize the organization’s mission, vision, and strategy as a relentless drumbeat to communicate the direction of the organization to all stakeholders while maintaining constancy of purpose. Additionally, it will be critical to obtain and maintain the long-term support of the board of commissioners if constancy of purpose is to be achieved.

Once we complete the strategic and operational planning work, we will support your leaders in selecting a few key improvement projects that support strategic and operational priorities. We will also support them in the building the framework for an effective compliance program by clearly documenting all education and training requirements, identifying all required policies and procedures, monitoring and auditing tools for ongoing improvement, Human Resources related processes/discipline and enforcement, investigation, response and prevention, oversight requirements and a job description for Compliance Officer.

In **Phase 2** Navigant will “*Execute and Implement*” the changes that have been designed and built in **Phase 1**.

**Develop capability and deliver results**

- Implement the compliance program plan
- Charter teams of improvement projects
  - Provide Just in time training on Model for Improvement
- Shape the Culture into one of openness, with attention to eliminating defects and waste
  - Engage all management in a business intelligence approach to improving the stakeholder’s responsible functional areas
  - Provide feedback, continue to communicate and model desired behaviors
  - Target leadership systems and organizational policies for improvement implementation
  - Take swift and consistent actions against undesired behaviors
  - Raise improvement capability through access to real-time data
  - Track the progress to results such that mid-course corrections are possible
  - Engage partners and empower teams across departmental and functional boundaries
- Provide patients and community members with opportunities to participate in improvement and motivate change.

Please see the following pages for a more detailed explanation of Phase 2.

- Implement Compliance Program - To assure successful implementation of the compliance program plan Navigant will:
  - Support you in the execution of an active compliance committee, comprised of appropriate representatives from each relevant functional business unit and/or department as well as senior management

- Develop sub-committees or task forces with appropriate expertise assigned to carry out special projects when required, such as meeting new regulations or completing an improvement initiative
- Ensure that the Compliance Officer is a member of the senior leadership team with direct access to the level of governance required for your organization; has independent authority to retain outside legal counsel as needed; and makes regular reports to the county commissioners and other management concerning different aspects of the compliance program
- Ensure the appropriate implementation of all policies and procedures regarding code of conduct and enforcement of disciplinary standards
- Support the leaders in developing the reporting structures and processes that the organization needs to foster a culture that encourages open communication and reporting
- Support the leaders in providing the education and training that is necessary to accommodate the changes to the compliance plan and program
- Develop the tools for ongoing risk assessment, auditing and monitoring
- Develop the tools and processes for investigating reports of suspected non-compliance; for responding appropriately to discovered non-compliance; developing corrective action plans and periodic reviews; and the development of preventative measures to take appropriate action in response to non-compliance to eliminate future instances of non-compliance

Charter teams of improvement projects - The senior leadership team and county commissioners must adopt a few focused breakthrough quality and safety goals that drive the development of a “rational portfolio of projects” with the scale and pace needed to achieve the overall aims that are tied to the strategic priorities. Key projects must be resourced with capable leaders, both at the large project level and at the day-to-day operational or functional level.

The management team must monitor and respond to data from the key metrics established to track progress to these improvement projects to steer the execution of the strategy. Leaders must receive answers to the questions, “Are we executing our strategy?” (data about the progress of the portfolio of projects) and “If we’re executing the strategy, is it working?” (data about the system-level measures that the organization is trying to move to a new level).

Just as the board or county commissioners cannot delegate the adoption and oversight of system-level quality goals, the executive team cannot delegate the building and execution of a plan to achieve these goals. The era when quality goals could be delegated to “quality staff,” while the executive team works on finances, facility plans, and growth, is over. System-level breakthrough aims are by their very nature strategic, and require the energy and attention of the entire organization, led by the Health Director and the entire executive team. Navigant will provide the support and direction for developing these capabilities to ensure your success. Just

in time training on the Model for Improvement will be provided within the chartered teams to assure an efficient and effective approach to improvement.

Shape the Culture into one of openness, with attention to eliminating defects and waste

The primary function of leaders in health care is to influence their “followers” to develop behaviors, habits, processes, and technologies that result in outstanding and ever-improving performance. Formal and informal leaders must be committed to achieving safe, reliable, and effective operational excellence. *Essentially, leaders have four main responsibilities with response to developing a healthy organizational culture:*

1. **Guarding the learning system:** Fully engaging in the work of self-reflection that leads to transparency; understanding and applying improvement science, reliability science, and continuous learning; and inspiring that work throughout the organization;
2. **Creating psychological safety:** Making sure that anyone in the organization, including patients and families, can comfortably voice concerns, suggestions, and ideas for change;
3. **Fostering trust:** Creating an environment of non-negotiable respect, ensuring that people feel their opinions are valued, and any negative or abusive behavior is swiftly addressed; and
4. **Ensuring value alignment:** Applying organizational values to every decision made, whether in service of safety, effectiveness, patient-centeredness, timeliness, efficiency, or equity.

When leaders consistently deliver on these responsibilities, they set the stage for a culture and learning system centered on high quality, compliance, safety and reliability. Navigant will provide the guidance and support to your leadership to ensure that cultural practices move from a reactive to a proactive mindset and one that is centered on these critical capabilities.

To support organizational transparency, Navigant will engage all management in a business intelligence approach to improving the stakeholder’s responsible functional areas. These activities will help to create a culture of accountability supported by a set of objectively determined goals, all of which are anchored by solidly established metrics. Establishing and using organization specific and objective metrics will drive an organization forward. Navigant will, outline a process to:

- Establish the key measures of performance of the system that are guided by your mission and business strategies
- Balance the measures from the perspectives of customers, finance, operations, and employees
- Align division and department measures with system performance measures and establish accountability

- Establish expectations for senior and mid-level leadership and teams to use system performance measures in the strategic and financial planning, day to day operations and in their improvement work
- Work with leadership to understand capabilities of current system sources and evaluate reasonableness of obtaining proposed metrics in automated format

***Deliverables for this portion of the project will provide the following:***

1. A standardized and repeatable process for building a cascading performance measurement system that:
  - Aligns division and department measures with system performance measures;
  - Supports executive and departmental level review and analysis;
  - Provides knowledge about how the organization is executing its strategy and how it functions as a system through study of these measures;
  - Expects individuals and teams to use system performance measures in their improvement work.
2. An executive level balanced scorecard that measures organizational performance across four balanced perspectives:
  - Financial health
  - Organizational health
  - Quality, compliance and process improvements
  - Volume and market share health
3. A description of key functions aligned with a finalized list of key measures for key stakeholder areas;
4. An analysis that summarizes and delineates capabilities of current system sources for obtaining proposed metrics in automated format.

***These processes will enable your leadership team to:***

- Provide feedback to continue to communicate and model desired behaviors for employees in the organization;
- Target leadership systems and organizational policies for improvement implementation;
- Take swift and consistent actions against undesired behaviors and outcomes;
- Raise improvement capability through access to real-time data;
- Track the progress to results such that mid-course corrections are possible; and
  - Engage partners and empower teams across departmental and functional boundaries.

***Provide patients and community members with opportunities to participate in improvement and motivate change.***

As with negotiation between clinicians, the health care team should engage in collaborative negotiation with patients and families. To help the care team determine if the patient has the will to make changes, this involves a shift from asking, “*What is the matter with you?*” to asking, “*What matters to you?*” A key aspect of successfully achieving health goals is knowing the patient’s and family’s priorities, as well as their worries and desired outcomes.

Transparency with patients and families is important because it removes the stigma of clinical team infallibility. When serious clinical adverse events occur, transparency is especially important; the risks of the health care organization not responding to such events in a timely and effective manner include loss of trust, absence of healing, and no learning from improvement.

As individuals understand that the health care organization is trying to improve processes to enhance quality, compliance, safety and reliability, patients will recognize the need for their engagement in the system. For example, if physicians are transparent about not always following up to communicate test results or make referrals, then patients might be more activated to take responsibility for directly obtaining their tests results when patient portals are available to them, and to otherwise close gaps when they occur. This is not to suggest that the Mecklenburg County Clinic should rely on patients to follow up, but that transparency about potential gaps can serve as a component of a reliable process.

Patients also want to be confident that they always receive care that is safe and effective. No one wants to receive “*less than perfect*” care, or worse, experience unintended harm from their care. Patients are an important asset in uncovering ways to develop more reliable processes that lead to long-term sustainability of clinical and operational excellence in health care organizations.

Patients are valuable assets when it comes to improvement because they bring their unique perspectives, particularly about how they experience care delivered by an organization. One way to involve patients and families in improving care is to ask for input on their experiences and ideas, and share data with them about ongoing improvement efforts.

To ensure that patients and families are invested partners in their care, organizations must keep in mind both their clinical and social needs. Although many of the social aspects of care are difficult to understand and address, organizations cannot overlook that this is a significant predictor of clinical success. Committing to a patient-centered culture and learning system helps ensure that organizations get this work right.

The reality of today’s health care environment is that the systems that support patient care are complex and error prone, and most organizations lack a comprehensive method for making them less so. The approach that we (Navigant) have outlined in this proposal will go a long way to helping you achieve these goals and support an environment that moves from a reactive to proactive strategies for patient care.

### Section III Engagement Team

Navigant’s committed resources are healthcare professionals with numerous years of hands-on managerial and subject matter experience. As a result, Mecklenburg County can be confident that the identified opportunities we co-develop will be very pragmatic, and that Navigant will partner closely with Mecklenburg County for the utmost accuracy, reasonableness, and sustainability of the solutions generated.

We expect the following professionals to lead Navigant’s efforts in respective functional areas:

Name	Role / Experience
<p><b>Robert W. Kirk, FACMPE</b> <i>Director</i> <i>Charlotte, NC</i></p>	<p><b>Engagement Executive</b></p> <p>Robert is a Director with Navigant’s Healthcare and Physicians Enterprise Solutions practice with extensive expertise in integrated healthcare system network practice management. Robert has more than 30 years of experience in healthcare executive leadership and management, clinic operations, finance, performance improvement, strategic planning, and revenue cycle with a particular emphasis in working with large multispecialty medical groups consisting of 650+ physicians in multiple locations that are owned and operated by large integrated healthcare enterprises. His strong background allows him to bring extensive knowledge and experience working with physician medical groups that consist of inpatient specialties such as hospitalist and surgicalist programs as well as other medical and surgical specialties that are hospital based providers, outpatient medical specialties such including primary care, obstetrics, outpatient based specialist and clinical service lines within integrated delivery systems and community based healthcare providers.</p> <p>He is Board Certified and a Fellow in the American College of Medical Practice Executives</p>
<p><b>Brent Shive, FACHE</b> <i>Director</i> <i>Charlotte, NC</i></p>	<p><b>North Carolina Relationship Manager</b></p> <p>Brent is a Director in the Sales and Solutions practice at Navigant. A Healthcare Executive with more than 30 years of extensive experience in strategic account management of collaborative relationships with hospitals and health systems of all sizes. Brent helps healthcare providers improve financial, operational and quality performance and is accustomed to high value outcomes in clinical, financial and operational performance by focusing on effective, collaborative account planning and implementation.</p>
<p><b>Arvind Ramanathan</b> <i>Associate Director</i> <i>Chicago, IL</i></p>	<p><b>Project Manager</b></p> <p>Arvind is an Associate Director in the Chicago office of Navigant as a results oriented leader with over 15 years of progressive healthcare business experience. A strong team builder, coach and mentor with broad knowledge of the industry operations.</p>

Name	Role / Experience
<p><b>Mary Zacharias, RN</b>            Managing Consultant  <i>Minneapolis, MN</i></p>	<p><b>Clinical Project Lead</b></p> <p>Mary offers 40 years of experience as a registered nurse, with a primary focus in nursing leadership and healthcare information technology. Recently she has focused her industry experience in clinical and ancillary department workflow analyses and Epic optimization. She has used these strong characteristics, as well as her comprehensive knowledge of ambulatory and inpatient clinical workflows to effectively perform in-depth clinical and ancillary workflow analyses with a focus on process improvement. Her areas of expertise include workflow analysis, clinical operations improvement, nursing leadership, project management, and EMR implementation.</p>
<p><b>Josue Rodas, MT, MBA</b>            Director  <i>Tampa, FL</i></p>	<p><b>Senior Advisor, Laboratory Services</b></p> <p>Josue has more than 30 years of healthcare experience with emphasis in laboratory business development, and operations. He will lead the various areas of focus of the overall engagement.</p> <p>In addition, he will provide hands-on tactical expertise in the evaluation of various regional models and commercial lab partnership evaluation. Josue has established a track record assisting large institutions with their strategic laboratory needs, best practice-driven transformation, business development, and performance improvement efforts.</p>
<p><b>Cherye Morgan, MT, MHA</b>            Director  <i>Chicago, IL</i></p>	<p><b>Senior Advisor, Clinical Effectiveness</b></p> <p>Cherye plays an integral role in advising healthcare clients on performance improvement and clinical effectiveness. She has 25 years of executive level experience in provider and payer operations and management consulting allowing her to expertly bridge the worlds of strategy, business and clinical operations.</p> <p>Cherye has advised healthcare clients in business and clinical operations, Medicare and Medicaid compliance, medical management, medical records, patient throughput, patient safety and wellness and consumer driven healthcare. She is adept at operationalizing strategic priorities through breakthrough improvement methodologies, maximizing the strengths of the team, generating significant cost savings and promoting innovative solutions within complex environments.</p>
<p><b>Jing W. MacKenzie, MD, MHA</b>            Director</p>	<p><b>Senior Advisor, Customer Contact Center</b></p> <p>Dr. MacKenzie brings technology-enabled innovations and performance improvements to her client engagements. Most recently, she led the human-centric cross-continuum enterprise care management redesign at AMITA Health, using Design Thinking to focus on the unmet needs of patients / physician / staff, and engaging interdisciplinary stakeholders in collaboratively program design, including leveraging existing technology tools and sourcing strategic enterprise solutions. She has also led many strategic efforts with large healthcare organizations such as Kaiser Permanente and Banner</p>

Name	Role / Experience
	Health in building technology-enabled new care delivery models such as virtual health, cross-continuum care, integrated contact center and care management.
<p><b>Cheryl Waltko</b> <i>Director</i></p>	<p><b>Senior Advisor and Project Manager</b></p> <p>Cheryl Waltko is a Director in Navigant’s Physician Enterprise Solutions Practice. Cheryl has more than 30 years of experience in executive and senior management positions in the healthcare industry, with a solid history of evaluating and improving operations, as well as management of single and multi-specialty groups. She is adept at assessing areas of weakness that effect the bottom line and rejuvenating productivity to control costs and increase revenue. Cheryl’s expertise in operations, personnel management, as well as revenue cycle and physician relations results in a track-record of success.</p>
<p><b>Timothy Kinney</b> <i>Managing Director</i></p>	<p><b>Senior Adviser, EMR</b></p> <p>Timothy Kinney is a Managing Director with Navigant. A founding partner of McKinnis Consulting Services, which was acquired by Navigant in 2016, Timothy is responsible for strategic direction of the practice, engagement leadership, and human capital management. He has experience in business development, client relationship management, and engagement delivery.</p> <p>Over the course of his career, Timothy has led numerous large scale revenue cycle engagements at academic medical centers, multi-facility health systems, community hospitals, and physician groups. He is a recognized Revenue Cycle expert and has deep EHR knowledge. He has assisted clients with system selection, pre-live risk mitigation, and post-live system optimization. Timothy also served as interim Vice President Revenue Cycle for a multi-hospital health system in California.</p>
<p><b>Phil Rogerson</b> <i>Director</i></p>	<p><b>Senior Adviser, EMR</b></p> <p>Phil Rogerson is a Director with Navigant. As a Director at McKinnis Consulting Services, which was acquired by Navigant in 2016, Phil has responsibility for client project management and project delivery quality. Phil is a seasoned project manager with considerable experience developing revenue cycle system methodologies, optimizing systems integration, and reducing project timelines.</p> <p>Phil’s experience includes service as project lead for revenue cycle EHR implementations, and he has led revenue cycle management and reporting initiatives at several organizations. Throughout his career, he has focused on organizational structure redesign, process improvement, and technology enhancement as a means of streamlining hospital and medical group revenue cycle operations. Phil is a recognized expert in revenue cycle operations and Epic systems.</p>

Name	Role / Experience
<p><b>Patricia (Trish) Nguyen, MBA, MHA</b> <i>Senior Consultant</i></p>	<p><b>Senior Consultant</b> Trish is a Senior Consultant in the Healthcare Advisory practice, specifically Physician Enterprise Solutions at Navigant. She has experience in business development, risk mitigation, and quality improvement for health systems and physician groups, which allows her to bridge the worlds of strategy and operations. Her expertise is in integrating finance, operations, risk, and data analysis. These skills, complimented by her academic qualifications in business and healthcare management, have enabled her to become a trusted advisor to senior leadership on business-critical analytic initiatives. Patricia has been responsible for executing the cross-functional, collaborative plans, and programs offered across nine hospitals in central Indiana.</p>

## Section IV      Timing and Your Investment

For performance of these Services, Mecklenburg County Public Health Clinics shall pay to Navigant for the “Time and Materials” incurred for the hours actually worked. We have estimated our hours and fees based on our understanding of your desired outcomes and the scope of work, and Navigant resources outlined in this proposal. Our Professional Fees for Phase II – Design and Build Future State and Phase III - Implementation are estimated to be no greater than \$1,568,204.

*The Fees above include a discount based on our previous work and preferred client rates with Mecklenburg County. Fees do not include related expenses, as described further below.*

Navigant Professional Fees are based on the experience and skills of the personnel involved and are adjusted periodically, typically on January 1 of each year. Independent contractors or subcontractors may be utilized from time to time. Professional services will be billed monthly. Mecklenburg County shall pay Navigant within thirty (30) days of the invoice date. A late charge of 1% per month will accrue on amounts not paid within 30 days of the date of the invoice. If a report, deliverable, presentation, retreat or board meeting attendance is required, Navigant reserves the right to request payment of outstanding fees and expenses prior to submission of such required deliverables. In addition, Navigant reserves the right to suspend services until payment is received on past due invoices. If payment on invoices is past due more than sixty (60) days, Navigant reserves the right to terminate the Agreement without any further liability. Navigant does not predict or warrant the outcome of any particular matter or issue, and our fees are not dependent on such outcomes.

**Expenses:** In addition to the Fees outlined above, Mecklenburg County will reimburse Navigant for its actual and reasonable expenses incurred in the performance of the services. Related expenses will be billed monthly at cost with no mark-up. Actual cost of related expenses will be charged, including travel and transportation expenses, such as mileage (payable at the standard IRS rate), tolls, parking, airfare, hotel accommodations, and meals as well as a Research Data and Technology Fee equal to five percent (5%) of fees, which covers our cost related to outside research and data subscriptions, analytic tools, and technology connectivity. All expense reimbursement payments will be billed on a monthly basis and are due within thirty (30) days of invoice. Final language will be adapted specifically to the county municipality requirements and specifications.

## Section V Client Responsibilities

It will be Mecklenburg County's responsibility to:

- Assure a high level of participation of management team and medical staff, and others, as appropriate, in Leadership Committee meetings, interviews, work group activities, data gathering, analysis and other related activities of the process. For the best possible outcome, we will work closely with your management team.
- Provide a copy of the required documents (a list will be provided) prior to the project start date and as needed throughout the project.
- Provide support of an experienced administrative assistant during the course of the project to schedule meetings, interviews and provide for other administrative requirements.
- Provide staff support to assist in performing analysis and gathering data. At a minimum, we will need appropriate work space, including high-speed internet access, telephones with voice mail capability, access to a fax machine, copier and shredder, a laser printer and a file cabinet that locks.
- Provide access to an office or conference room that can be used for team workspace.
- Commit to the schedule as outlined in this proposal.



## Appendix A Biographies of Proposed Navigant Team

### Robert W. Kirk, CASHA, FACMPE

#### Director

Robert.Kirk@navigant.com  
Charlotte, NC  
Direct: 704.307.1453

#### Professional Summary

Robert Kirk is a Director with Navigant's Healthcare and Physicians Enterprise Solutions practice with extensive expertise in integrated healthcare system network practice management. A highly accomplished and innovative healthcare financial, operational, and consulting executive with a history of delivering executable growth and transformation strategies across the healthcare ecosystem. Mr. Kirk has more than 27 years of experience in healthcare executive leadership and management, clinic operations, finance, performance improvement, strategic planning, and revenue cycle with a particular emphasis in working with large multispecialty medical groups consisting of 650+ physicians in multiple locations that are owned and operated by large integrated healthcare enterprises. His strong background allows him to bring extensive knowledge and experience working with physician medical groups that consist of inpatient specialties such as hospitalist and surgicalist programs as well as other medical and surgical specialties that are hospital based providers, outpatient medical specialties such including primary care, obstetrics, outpatient based specialist and clinical service lines within integrated delivery systems and community based healthcare providers.

#### Areas of Expertise

- Executive Leader - Physician Network President, Chief Executive Office, Chief Operating Officer, Division Vice President, and Faculty Practice Plan Administrator
- Cost and Margin Improvement
- Physician Practice Optimization
- Financial Reporting and Analytics
- Management Services Organizations
- Health System Affiliations

#### Professional Experience

##### Practice Administration

Extensive experience providing strategic direction, administration, operations and bottom-line Profit & Loss financial performance of multiple medical group practices including 650+ physician and mid-level and paraprofessional healthcare providers, multispecialty, multi-office location, medicine and surgical group practice; 48-physician and multiple mid-level provider multihospital inpatient medicine team; several small-to-large size single-specialty pediatric practices, internal medicine and family medicine medical groups;

and concierge medicine program for CHS' entire Integrated Delivery System (IDS). Specific accomplishments consist of:

- Executive with a history of achievement at leading change in diverse situations and operating environments.
- Stabilized and initiated the transformation of a multispecialty medical group within an integrated healthcare system resulting in 21% or \$20M growth in gross revenues, increased cash collections above normal run rate by \$5M in less than six months and reduced bottom-line subsidy by \$2.9M.
- Grew profits of a large multispecialty medical group by 23% in 2010 versus prior year.
- Expanded a large multispecialty internal medicine medical group by increasing number of physician partners by 124% or 103 physicians, while driving gross revenue from \$69M to \$230M, or 233% increase. Delivered over the same 6+ year time period a \$1.3 M cumulative bottom line profit.
- Reengineered 235+ physicians, multispecialty medical group practice, delivering 6+ -year cumulative bottom-line profit of \$1.3 M versus group's generating a profit in only one month out of the ten years prior to assuming DVP & Administrator role.
- Lead the planning of four new facility destination centers; managed construction of five major buildings to replace smaller outdated facilities; and served as Accountable Executive responsible for 750,000+ sq. ft. of real estate for the various medical groups, ancillary services such as radiology and laboratory services, retail pharmacy and urgent care.
- As an AMC Faculty Practice Plan operation's executive, led activities for self-directed medical teams for clinic operations in multiple specialties and subspecialties. Additional activities for the College of Medicine.
  - Directed the improvement efforts for patient access, flow and operating systems for assigned strategic business units for specialty medical and surgical practices.
  - Managed the Information Technology department for the medical group practice on an interim basis (approximately 15 months) until a group practice CIO was employed.
  - Led the conversion of multiple software platforms to IDX and established a Help Desk that improved problem resolution, reduced down time and increased training outcomes for clinic personnel.
  - Designed and implemented the reorganization of the clinic management structure to improve operational efficiency and reduce costs resulting in significant bottom line savings.
  - Reorganized the Management Systems Engineering department to stabilize costs and to improve the contracting and reporting process for internal clients resulting in significant savings over a multi-year period. Oversaw the day-to-day management of the department.
- Led the conversion of medical groups to new electronic medical records (Cerner Powerworks, Millennium, NexGen and Allscripts).
- Led numerous redesigns of medical groups' administrative and physician leadership, and governance structures resulting in improved leadership among the various medical practices.
- Directed restructuring of call center within the multispecialty medical group; extended services to medical practices in the central region to improve access for patients via the "live answer" customer service program, as well as increase gross billings/revenues via medical practice growth. Eventually this internal call center was transitioned to the larger physician enterprise in order to support a network wide patient

service and schedule initiative.

- Led a Demand Management Initiative (DMI); a system-wide patient distribution initiative that redirected patients from a large Level I trauma hospital to other Charlotte metro hospitals within the system; concurrently, improved patient satisfaction and medical care, operational and financial performance for participating facilities, departments and medical practices.
- Administered performance and salary-based compensation programs for physicians and mid-level providers, pharmacists, social workers, diabetic educators, administrative and office staff, as well as upper and middle management.
  - Developed a system-wide concierge/executive health program; the first of its kind in the Carolinas Healthcare System.
  - Directed development and day-to-day management of medical center's hospitalist team of physicians and mid-level providers, growing from 6-physician, single-practice-based business unit to 48-physician medical group for Charlotte Metro Hospital Group. Vendor Management

### Comprehensive Leadership

Accomplished executive with a history of achievement at leading change in diverse situations and multiple operating environments. Improved revenues, profits, and patient care through comprehensive leadership skills. In addition, Mr. Kirk has significant experience in advising physician groups, ambulatory service units and healthcare systems, as well as representing these parties in healthcare specific transactions. Through this extensive industry experience, Mr. Kirk has developed significant expertise across various types of operating environments in the following areas:

- Practice Management and Network Operations – develops operational plans for the effective restructuring of institutional and private physician groups to include business development, governance, operations, human resources, managed care strategy and pricing, physician recruitment and retention, physician compensation, real estate, and technology.
- Finance / Revenue Cycle – specializes in developing models and decision-making tools for restructuring operations and building assets to strategically redeploy into the competitive healthcare marketplace while optimizing the revenue cycle process.
- Business Acquisition Strategies, Business Development and Growth – advises provider networks and medical practices in the acquisition of strategic ancillary service assets, including market strategy, financial analysis and transaction negotiations. Developed and successfully implemented physician growth and recruitment strategies and retention.

### Work History

Director, Navigant	2015 - Present
President, Health Quest Physicians Enterprise	2014 - 2015
Director (Subject Matter Expert), Navigant	2011 - 2014
CEO, Piedmont Healthcare Associates	2009 - 2011
Division V.P., Carolinas Physician Network	2002 - 2009
Exec. Dir. / COO, Presbyterian Healthcare Associates	1999 - 2002
Manager, Ernst & Young, LLC	1996 - 1999

**Certifications, Memberships and Awards**

Paul Harris Fellow, Rotary International

Fellow / Board Certified Medical Practice Executive (FACMPE), American College of Medical Practice Executives

Medical Group Management Association (MGMA)

Healthcare Financial Management Association (HFMA)

**Education**

CASHA, Healthcare Management

Carlson School of Management, University of Minnesota

B.B.A., Accounting/Finance

East Tennessee State University

**Selected Recent Presentations and Publications**

- Co-Presenter, “2017 MACRA Final Rule – What Does High Performance Look Like?” Hudson Valley New York Healthcare Financial Management Association (HFMA), Tarrytown, NY, January 2017
- Co-Presenter, “The Highly Performing Physician Enterprise.” New Jersey Healthcare Financial Management Association (HFMA), Webinar, November 2016
- Co-Presenter, “The Highly Performing Physician Enterprise.” Georgia Healthcare Financial Management Association (HFMA), Webinar, October 2016

## Brent Shive, MBA, FACHE

### Director

brent.shive@navigant.com

Direct: 678.845.7666

Suwanee, GA

### Professional Summary

Brent Shive is a Director in the Sales and Solutions practice at Navigant. Brent is a Healthcare Executive with more than 30 years of extensive experience in strategic account management of collaborative relationships with hospitals and health systems of all sizes. Brent helps healthcare providers improve financial, operational and quality performance and is accustomed to high value outcomes in clinical, financial and operational performance by focusing on effective, collaborative account planning and implementation.

### Areas of Expertise

Brent has worked with hospitals, health systems, physician practices and health care providers of all sizes, many of which are seeking opportunities to accelerate collaboration without formal management or affiliation agreements. His goal has always been to help them maximize their collective strength by working together to solve shared challenges. These collaborative groups have achieved:

- Top decile performance in clinical quality and patient satisfaction
- Feasibility and development planning for clinically integrated networks
- Supply cost reductions through aggregation of purchasing volume such as regional GPO's
- Cost reductions in physician preference items such as orthopedic implants
- Supply standardization based on clinical performance, outcomes and cost
- Improvement in labor efficiency as a result of process improvement and implementing best practices

### Professional Experience

Brent started his career at SunHealth as a Management Engineer, and implemented one of the first automated procedural level cost accounting systems in a hospital. He worked closely with managers and physicians within all departments to identify all direct and indirect costs for each service charged.

Throughout his career his greatest satisfaction and success has been in helping his clients accelerate their performance improvement efforts through collaboration with other providers. Executive leaders have frequently recognized him as a key resource in their performance improvement successes.

**Work History**

Director, Navigant Consulting, Inc.	2016 – Present
Field Vice President, Premier Inc.	2004 – 2015
Senior Manager of Business Development, Capgemini	2003 – 2004
Vice President Consulting Services, VHA	1996 – 2002
Director, SunHealth, Inc.	1986 – 1996

**Certifications, Memberships, and Awards**

- Fellow – American College of Healthcare Executives, FACHE
- Member of Healthcare Financial Management Association
- Member of Association of Healthcare Resource and Materials Management

**Education**

Masters of Business Administration	University of North Carolina at Charlotte
Bachelor of Science Industrial Engineering	North Carolina State University at Raleigh

## Arvind Ramanathan, MBA, MHA

### Associate Director

Arvind.Ramanathan@navigant.com  
Chicago, IL  
Direct: 312.583.6939

### Professional Summary

Arvind Ramanathan is an Associate Director in the Physician Enterprise Solutions group within Navigant's Healthcare practice. He is an experienced healthcare practitioner with over 14 years of operational/consulting experience. Arvind has worked in numerous leadership capacities in the provider side of the healthcare industry where he has gained in-depth knowledge of how the business side of medicine operates. Specifically, he has experience in the following areas: physician practice management, project management, revenue cycle management, financial modeling and analysis, business development, strategic planning and process improvement.

### Professional Experience

- Navigant: Served in various operational, strategic and revenue cycle and interim management engagements for healthcare entities during his tenure at the firm.
- PwC: Directed a HIPAA-HITECH security risk assessment engagement for a large healthcare system. The assessment helped the client to satisfy a core requirement of Stage 1 Meaningful Use of protecting the privacy and security of patients' personal health information.
- HCA Physician Services: As the Director of Operations Support, Mr. Ramanathan worked closely with the COO and other Corporate Leadership in overseeing enterprise wide projects and business development initiatives. This included the development of a 'Physician Practice Dashboard' utilized by 650+ practices to monitor and track KPIs.
- Deloitte: Assisted two large physician practice groups in the merger of their back-end billing and collections functions into a Centralized Business Office to attain operational economies of scale.
- Edward Hospital and Health Services: As the Director of Business Services, Mr. Ramanathan managed the operations of the entire revenue cycle process for the Edward Cardiovascular Institute. This included management and supervision of all front and back-end business office functions.

### Work History

Associate Director, Navigant

PwC

HCA Physician Services

Deloitte Consulting

Edward Hospital and Health Services

### Certifications, Memberships and Awards

Medical Group Management Association Member

### Education

Master of Business Administration

Booth School of Business, University of Chicago

Master of Health Administration

Saint Louis University

Bachelor of Science

University of Kentucky

## Mary Zacharias, RN

### Managing Consultant

mary.zacharias@navigant.com  
 Minneapolis, MN  
 Cell: 218-371-5213

#### Professional Summary

Mary offers 40 years of experience as a registered nurse with a primary focus in nursing leadership and healthcare information technology. Recently, she has focused her industry experience in clinical and ancillary department workflow analyses and Epic optimization.

Mary is a flexible problem solver with strong analytical, organization and communication skills. She is a recognized leader, having successfully managed numerous healthcare technology initiatives. She has used these strong characteristics, as well as her comprehensive knowledge of ambulatory and inpatient clinical workflows, to effectively perform in-depth clinical and ancillary workflow analyses with a focus on process improvement. Her areas of expertise include workflow analysis, clinical operations improvement, nursing leadership, project management, and EMR implementation. Mary is also well versed in critical access (CAH) hospital operations.

On a recent client engagement for Navigant, Mary provided subject matter expertise to assess current staffing models and clinical processes and develop recommendations to support the implementation of standardized clinical workflows across multiple clinics at a large academic medical center.

Prior to joining Navigant, Mary provided leadership, support, and direction for physicians and support staff in both ambulatory and inpatient clinical settings. Mary’s clinical background includes positions in Med-Surg, Obstetrics, Emergency Department, nursing leadership, and technology initiatives.

#### Areas of Expertise

- **Ambulatory Clinical Operations**
- **Nursing Leadership**
- **Technology Initiatives**
- **Inpatient Clinical Operations**

#### Professional Experience

##### Ambulatory Clinical Operations

- Possesses an in-depth knowledge of daily clinic operations including staffing needs, scheduling and registration, clinical and ancillary workflows, testing and procedures, and general office communications.
- Performed numerous, comprehensive clinical and ancillary department workflow analyses in the ambulatory setting. Utilized analytical skills and clinical expertise to identify workflow inefficiencies and develop strategies to support process improvement.

- Experienced in assessment, development and implementation of nursing policies, procedures and guidelines.
- Skilled in the development of ambulatory clinical and ancillary department job descriptions.
- Assisted with the implementation of a new staffing model with a focus on elevating staff to work at top of licensure at a large academic medical center.

### **Nursing Leadership**

- Skilled in developing best practice evidence-based guidelines and protocols in support of patient care in both the ambulatory and inpatient setting.
- Responsible for the provision and safe delivery of patient care in a critical access hospital as a nursing supervisor for more than 30 years.
- Worked closely with other nursing leaders to monitor and maintain clinical standards of care.
- Ensured standards compliance with government regulatory agencies and accrediting organizations.
- Developed strong, positive relationships with medical staff, collaborating to problem solve and improve patient care.

### **Technology Initiatives**

- Guided development of new clinical and ancillary workflows prior to Epic EMR implementation to improve workflow efficiency for a multi-specialty clinic in the Midwest.
- Developed comprehensive Epic Ambulatory implementation project plan.
- Created guiding principles for a successful EHR implementation and adoption strategy.
- Project manager for two EpicCare Ambulatory implementations.
- Developed assessment tools and policies for use by all clinical areas to assist in the review of their current documentation forms and identified ways to streamline documentation prior to implementation of an automated Clinical Information System.
- Guided clinic managers, physicians and other staff in the development of new workflows as they transitioned to an EMR.
- Provided leadership, support, and direction for clinic staff during the implementation process.
- Skilled at working closely with physicians and clinical staff to enhance their knowledge of Epic.
- Worked closely with physicians and ancillary staff to develop documentation tools in Epic.
- Provided support and optimization for multiple Epic Ambulatory Go-Lives for the following specialties: Family Medicine, Cardiology, Physical Medicine / Rehab, Neurology, Pulmonology, Orthopedics, Podiatry, Pain Management, Behavioral Health, and Dermatology.
- Utilized analytical skills and clinical expertise to identify workflow inefficiencies during go-lives and recommended application workflow improvements.

- Provided demonstrations / presentations of EpicCare Ambulatory clinical systems software to key user groups.
- Provided support and optimization of Epic Inpatient (ClinDoc) at two critical access hospitals.
- Utilized analytical skills and clinical expertise to investigate and resolve Epic optimization and support issues.
- Assisted physicians with understanding of overall Epic functionality and information sharing capabilities of related workflows between the Epic Ambulatory and Inpatient applications.
- Coordinated a facility-wide workflow analysis project in preparation for an Epic Inpatient implementation at a CAH.

### **Inpatient Clinical Operations**

- Registered nurse for 40 years, licensed in the state of Minnesota.
- Worked in a variety of areas, including medical-surgical, obstetrics, emergency and nursing leadership.
- Guided and directed nursing staff and ancillary department personnel regarding patient care issues.
- Provided consultation and acted as a resource to staff on clinical care issues.
- Completed employee reviews and performance appraisals.
- Demonstrated understanding of process of change; took initiative in planning and implementing change.
- Provided nursing, departmental and managerial leadership at various levels within hospital organization.

### **Work History**

Managing Consultant, Navigant

RN Application Analyst (Epic system), CentraCare Health System

Informatics Coordinator / Clinical Systems Implementation Lead, Tri-County Healthcare

Nursing Supervisor, Tri-County Healthcare (Critical Access Hospital)

### **Certifications, Memberships and Awards**

Registered Nurse, State of Minnesota

EpicCare Ambulatory (2014)

EpicCare Inpatient (2014)

### **Education**

Diploma in Nursing

St. Cloud School of Nursing

## Josue F. Rodas, MBA, MT (ASCP)

### Director

Josue.Rodas@navigant.com

Tampa, FL

Direct: 407.267.7811

### Professional Summary

Josue F. Rodas is a Director in the Healthcare Services practice at Navigant. He is nationally recognized healthcare executive with over thirty (30) years of clinical and administrative experience in healthcare including Clinical Laboratories, Physician Groups, and Hospitals.

Josue holds a solid track record in quality and performance improvement, financial optimization, and developing strong performing teams. He has local and national experience supporting a broad spectrum of healthcare stakeholders and initiatives in a number of markets and settings, including: hospitals and health systems, physicians, managed care organizations, employer coalitions, commercial laboratories, and pharmaceutical companies.

### Areas of Expertise

- **Healthcare Advisory Services:** Provides professional consulting services to hospitals and health care organizations nationally with emphasis on performance improvement by focusing on quality outcomes, efficient operations including organizational structure, productivity measures, vendor contracts and integration. Engagement size varies based on the complexity and length of engagement. Laboratory engagements include, but are not limited to:
  - Strategy, integrated laboratory network planning, service restructuring and consolidation
  - Best Practice-drive productivity, quality, and transformational improvement
  - Supply chain management including reference laboratories and blood management
  - Outreach business and integrated laboratory planning and business development
  - Interim management

### Professional Experience

#### Health Information Technology Adoption

- Served as the Executive Director for the University of Central Florida, College of Medicine, Regional Extension Center (“REC”), where he provided executive oversight of the REC - a \$9.6M federally-funded grant program, including all programmatic elements and overall accountability to the Office of the National Coordinator for Health Information Technology (ONC) in Washington DC.
- Lead a team of 25 HIT and healthcare specialists driving the wide spread adoption of electronic health record systems (EHR) and Meaningful Use (MU), assisting 540 healthcare organizations (2,500 providers) with an economic impact of \$27M in Medicare/Medicaid incentive payments for Central Florida providers.

- Lead the organic development and commercialization of a Patient Centered Medical Home (PCMH) recognition and transformation professional service line including NCQA certification of subject matter specialists.

### Healthcare Purchaser

- Served as Director of Operations of the Florida Health Care Coalition (FHCC) representing 40 large commercial and public employers, 105 affiliate members, and 2 million covered lives.
- Designed and executed demonstration projects involving high-risk, high cost diseases in collaboration with pharmaceutical companies, employers, physicians, and hospitals.
- Participated in grant writing, laboratory contracting, quality improvement activities, and information integration initiatives.
- Worked directly with PBM's to establish an exclusive purchasing arrangement between Employers and a single vendor (PBM).
- Involved in public relations and networking events with pharmaceutical companies, hospitals, health plans, employers, physicians, government, and social organizations.

### Physician Practice

- Spent 12 years with one of the largest group-model physician groups in Central Florida – Physician Associates of Florida as the Business Manager and Director of Laboratories.
- Held full fiscal and operational responsibility for a physician practice of 16 practitioners, 70 staff, and support services. He grew the practice by 13%; increased patient satisfaction from 49% to 87% in his first year; reduced telephone wait times; reduced operating costs by 10%; and enhanced revenue collection systems through physician education and billing improvements.
- Initiated programs and activities to improve quality and secure operational efficiencies, cost savings, and robust contribution margins.

### Director of Laboratories

- Served as Director of Laboratories and built a central (reference) laboratory and merged several satellite laboratories into one.
- Implemented a cytology department and reduced unnecessary Pap smears by 8% and cut cost by 20%. He reduced overall laboratory costs by \$1.90 PMPM in a population of 130,000 lives. He improved staff productivity by 30% through implementation of technology and work flow redesign.
- Led the implementation of a laboratory information system with interface to a practice management system.
- Participated in the design and implementation of an in-house Practice Management System with focus on EMR.
- Managed all aspects of the laboratory operation including, but not limited to: negotiation of reagents and equipment, compliance, clinical quality, human resource management, marketing and public relations, patient service centers, and facility planning.

**Work History**

- Navigant - Director
- UCF College of Medicine
- Florida Health Care Coalition
- Physician Associates of Florida
- University of Medicine and Dentistry of New Jersey, UMDNJ
- Orlando Regional Healthcare System
- Cognoscenti Health Institute

**Certifications, Memberships, and Awards**

- American Society of Clinical Pathologists (ASCP)
- Clinical Laboratory Management Association (CLMA)
- Florida Medical Technologist Supervisor (Currently Licensed in five Clinical Specialties)

**Education**

Master of Science, Managerial / Business	Rutgers State University, New Jersey
Bachelor of Science, Economics	University of Medicine & Dentistry of New Jersey
Bachelor of Engineering, Architecture	University of Phoenix

## Cherye Morgan, MHA, FACHE

### Director

cherye.morgan@navigant.com

Chicago, Illinois

312.583.5829

### Professional Summary

As a Director, Cherye Morgan plays an integral role in advising healthcare clients on performance improvement and clinical effectiveness. Mrs. Morgan has more than 23 years of executive level experience in provider and payer operations and management consulting allowing her to expertly bridge the worlds of strategy, business and clinical operations.

### Areas of Expertise

Mrs. Morgan has advised healthcare clients in business and clinical operations, Medicare and Medicaid compliance, medical management, medical records, patient throughput, patient safety and wellness and consumer driven healthcare. She is adept at operationalizing strategic priorities through breakthrough improvement methodologies, maximizing the strengths of the team, generating significant cost savings and promoting innovative solutions within complex environments.

### Professional Experience

#### Healthcare Provider Experience

- Worked with physicians and their clinical teams to identify high volume and high cost DRG's to focus improvement efforts on reducing Length of Stay (LOS) and inappropriate clinical resource use. Worked with these clinical teams to facilitate and support the implementation of these guidelines across clinical service divisions and multiple hospital sites. This work uncovered the need to redesign administrative and operational processes in the clinical departments of Surgery, Radiology and Laboratory to support improving efficiencies in surgical scheduling, patient throughput and clinical testing turnaround times.
- Designed and implemented a patient-centered care program in collaboration with physician and health plan partners to support the reduction of hospital readmissions and adverse drug events.
- Mrs. Morgan led the assessment, design, and implementation of multiple business and clinical performance improvement projects to support hospitals and health systems as part of the business and information technology transformation efforts. Developed and implemented multiple change management strategies and models to support executive leadership vision and goals.
- Mrs. Morgan led the optimization of capacity and patient throughput for major teaching hospital through improvements in the utilization of inpatient bed capacity, reduction in capacity constraints, improved productivity in the Emergency Department (ED); reduction in clinical denials and success in creating "flex" bed capacity. Cost Savings of \$4.4M associated with ED diversions were realized. ED length of stay was reduced from 5.5 hours to 3.5 hours.

- Mrs. Morgan led development and execution of strategies for business change management to align leadership support of change. Developed and executed change-specific communication strategies and implementations as a result of performance improvement initiatives.
- Mrs. Morgan led the development of the business requirements definition and Request for Proposal Process (RFP) in support of a system selection process for a core clinical and financial information system as part of the office of the CIO and opening of a new hospital.
- Mrs. Morgan designed and implemented organizational structures aligned with clients' vision and strategy, both at the executive and middle management levels to improve decision making, operating efficiency, communications and responsiveness for both payer and provider organizations
- As the interim VP of Quality and Medical Staff relations, Mrs. Morgan developed new processes and procedures to support performance improvement efforts and JCAHO accreditation compliance for national patient safety goals, health information management, and medical staff credentialing processes across a multi-hospital health system.
- Mrs. Morgan worked with hospital system leadership to design an effective strategy and process for hospital based physician contracting in support of framework design of Accountable Care Organizations.
- Mrs. Morgan worked with hospital clinicians to conduct an improvement effort for a pre-operative patient assessment which supported the reduction of mortality rates, improved patient satisfaction, and surgical key quality measures.
- Mrs. Morgan developed a portfolio of strategic opportunities for a large integrated health system that included plans for the enhancement of quality and outcome reporting; acceleration of technology implementations; evolution towards electronic medical records (EMRs); leverage of the web to empower consumers; management of capacity and patient flow; consolidation of back office functions to reduce overhead; and the assessment of new markets for market penetration strategies.
- Mrs. Morgan designed employment models for physician/hospital relationships, worked with client to identify and resolve physician employment challenges, facilitated the draft of contract language for physician employment arrangements, and developed gain sharing models for improving physician performance.
- As program director and subject matter specialist, led physicians and clinical teams in the areas of clinical resource management, care and medical management, improved clinical documentation, and patient safety improvements for multiple clients.
- Reduced length of stay overall by 2.6 days and achieve \$17 million cost reduction through clinical process redesign, consolidation, and medical management improvements for a 700 bed urban teaching institution.
- Mrs. Morgan facilitated the evaluation of physician led disease management practices from a loosely managed to a well-managed organization with respect to utilization practices that were effective in the prediction and management of medical cost risk.
- Led the development of an integrated care management model for a University Medical Center improving clinical resource utilization enabling responsiveness to the needs presented by the system's growing financial constraints imposed by third party payers.
- Designed and standardized systems to support the medical staff governance credentialing, continuing medical education, and the integration of quality/peer review functions.

**Health Plan Experience**

- As the interim VP of Quality and Medical Management of a start-up Medicaid Health Plan, Cherye developed the program requirements for design and implementation of Quality and Medical Management processes to meet the needs of the ABD and CHIP populations for the state of Ohio. Designed models to support the care continuum that include the Triple Aim, Care Coordination and Chronic Care Models from the Institute of Healthcare Improvement that included all provider and community agencies along with physician networks, ancillary organizations, and clinics. Prepared documents to support the Ohio Request for Application for a three year fully capitated contract and documents to support response to a Request for Information for the dual eligible population.
- Mrs. Morgan provided guidance to health plan leadership for demonstrating compliance with Medicare Advantage and Medicare Prescription Drug Plan regulations with regard to Centers for Medicare and Medicaid Services (CMS) requirements. She supported executive planning and communication, program management and coordination related to scheduled onsite CMS audits. Led aggressive efforts to build new capabilities required for CMS compliance remediation efforts due to past audit findings.
- As a program director for multiple national and regional health insurers' senior business, provided leadership and subject matter knowledge to compliance and operations staff. Mrs. Morgan designed an integrated compliance structure within senior business that remediated fragmented and non-standardized business processes; developed operational metrics, controls and quality measures; provided compliance training; and communication between departments. As a result, audit requirements were achieved and credibility with CMS was improved.
- As program director for a large national payer, led multiple teams to support a medical management assessment, and developed future state visions to meet the needs of client customers and critical outcome measures. Defined how these capabilities integrated with other areas to deliver value.

**Additional Responsibilities**

- Cherye supports the Institute for Healthcare Improvement as an Improvement Advisor where she provides mentorship to health plans, hospital and physician providers and CMS in the area of continual performance improvement across business and clinical operations specifically by achieving the "Triple Aim" for population health improvement.

**Work History**

Director, Top Tier Consulting

Principal, Cherye Morgan LLC

Senior Manager, Accenture Consulting

Senior Manager, Capgemini Ernst & Young

Senior Manager, Ernst & Young

Vice President, Quality and Clinical Resource Management, Jewish Hospital Cincinnati

**Professional Associations**

Fellow, American College of Healthcare Executives (FACHE)

**Education**

BS, Medical Technology

Eastern Kentucky University

Masters, Health Administration

Xavier University

**Presentations / Publications**

Improvement Advisor, Institute for Healthcare Improvement

## Timothy Kinney

### Managing Director

timothy.kinney@navigant.com

Chicago, Illinois

Direct: 630.267.3738

### Professional Summary

Timothy Kinney is a Managing Director with Navigant. A founding partner of McKinnis Consulting Services, which was acquired by Navigant in 2016, Timothy is responsible for strategic direction of the practice, engagement leadership, and human capital management. He has experience in business development, client relationship management, and engagement delivery.

Over the course of his career, Timothy has led numerous large scale revenue cycle engagements at academic medical centers, multi-facility health systems, community hospitals, and physician groups. He is a recognized Revenue Cycle expert and has deep EHR knowledge. He has assisted clients with system selection, pre-live risk mitigation, and post-live system optimization. Timothy also served as interim Vice President Revenue Cycle for a multi-hospital health system in California.

Prior to founding McKinnis Consulting Services in 2009, Timothy was a Manager at a leading healthcare consulting firm based in Chicago.

### Areas of Expertise

- Revenue Cycle Strategy
- Merger and Acquisition Due Diligence
- System Selection
- Pre-Live Implementation Planning and Risk Mitigation
- Revenue Cycle Optimization
- Electronic Health Records (EHR)

### Professional Experience

- Northwestern Medicine and Northwestern Medical Group
- Cadence Health and Cadence Physician Group (now part of Northwestern Medicine)
- Presence Health
- OSF Healthcare

- Froedtert Health
- Medical College of Wisconsin
- Children’s Hospital of Wisconsin
- University of Michigan Health System
- Parkview Health System
- John Muir Health
- Scottsdale Healthcare
- Citrus Valley Health Partners
- Metro Health
- All Children’s Hospital
- Greenville Health System
- Children’s National Health System
- Cottage Health
- Palos Community Hospital
- Inova Health System
- RUSH

**Work History**

Managing Director, Navigant	2016 - Present
Founder and Managing Director, McKinnis Consulting Services	2009 - 2015

**Certifications, Memberships and Awards**

- Member, First Illinois Chapter of HFMA
- Member, the American College of Healthcare Executives (ACHE)

**Education**

BBA, Business Administration	University of Wisconsin - Madison
------------------------------	-----------------------------------

**Selected Recent Presentations and Publications**

- Frequent speaker on EHR Risk Mitigation and Revenue Cycle Optimization (ANI Speaker)

## Phil Rogerson, MBA

### Director

phil.rogerson@navigant.com

Chicago, Illinois

Direct: 734.355.5836

### Professional Summary

Phil Rogerson is a Director with Navigant. As a Director at McKinnis Consulting Services, which was acquired by Navigant in 2016, Phil has responsibility for client project management and project delivery quality. Phil is a seasoned project manager with considerable experience developing revenue cycle system methodologies, optimizing systems integration, and reducing project timelines.

Phil's experience includes service as project lead for revenue cycle EHR implementations, and he has led revenue cycle management and reporting initiatives at several organizations. Throughout his career, he has focused on organizational structure redesign, process improvement, and technology enhancement as a means of streamlining hospital and medical group revenue cycle operations. Phil is a recognized expert in revenue cycle operations and Epic systems.

### Areas of Expertise

- Revenue Cycle Operations
- Organizational Redesign and Accountability Alignment
- Operational Change Management
- Epic Revenue Cycle EHR and Implementation Methodology

### Professional Experience

- Directed and oversaw Epic project initiation engagements including project infrastructure and governance, key scoping decision determination, application team staffing, third party selection and scoping, and overall implementation strategic advisement
- Led Epic conversion risk mitigation engagements with a strong emphasis on operational integration and engagement, including targeted implementation, testing, and go-live management strategies to ensure minimal disruption of financial metrics during and enhance revenue cycle efficiency
- Developed operational redesign initiatives to align organizational structures, staffing and productivity levels, and policy and procedure with system goals and implementation decisions including consolidated self-pay departments, regional centers of excellence, and other functional realignment

- Oversaw revenue cycle EHR system selection processes including system functionality alignment with revenue cycle processes, total cost of ownership generation, and implementation phase planning
- Sample Clients
  - Carolinas HealthCare System
  - OhioHealth Network
  - Greenville Health System
  - WellStar Health System
  - AnMed Health
  - John Muir Health System
  - LifePoint Hospitals
  - Children’s National Health System

### Work History

Director, Navigant / McKinnis Consulting Services	2016 – Present
Implementation Project Manager, Epic Systems	2007 – 2011

### Certifications, Memberships and Awards

Epic Certifications:

- Resolute Hospital Billing
- Benefits Engine
- Resolute Professional Billing
- Clarity Data Model for Resolute Hospital Billing
- Single Billing Office
- Clarity Data Model for Resolute Professional Billing
- ADT
- Reporting Workbench
- Prelude Registration

Project Management Professional (PMP)

American College of Healthcare Executives (ACHE)

Healthcare Finance Management Association, Wisconsin Chapter (HFMA)

### Education

Master in Business Administration	University of North Carolina Kenan-Flagler School of Business
Bachelor of Arts, Finance	Michigan State University Eli Broad School of Business
Bachelor of Arts, Spanish	Michigan State University College of Arts and Letters

## Jing W. MacKenzie, MD, MHA

Director

jing.mackenzie@navigant.com  
San Francisco, California  
Direct: 415.399.2176

### Professional Summary

Jing is a Director in the Strategic Solution practice at Navigant. She is a healthcare executive with more than 20 years of combined clinical, management, and technology experience. Jing has demonstrated success in leading large / complex engagements in technology enabled business strategy, innovation, and operational transformation.

She is a subject matter expert with Population Health, Value-Based Payment models, Design Thinking, Advanced Analytics, Health Information Technology, and Information Privacy / Security. Jing has previously been a guest speaker, panelist, and moderator at many public forums on topics of ACA, Population Health, health information technology, and privacy / security.

### Areas of Expertise

**Care Transformation / Value Based Care**

**Information Technology & Advanced Analytics**

**Information Privacy & Security**

### Professional Experience

#### Care Transformation / Value Based Care

- Led the human-centric design of cross-continuum enterprise care management programs for newly formed IDNs post-merger / acquisition, resulted in positive impact on patient outcomes and high level clinician engagement cross the continuum.
- Served as a key SME in developing the Telehealth Strategy encompassing a solution framework and roadmap over virtual care delivery models for one of the largest HMO and integrated health networks.
- Led business architecture for PCP Panel Management, Continuum of Care, Integrated Member Clinical Contact Center solutions for one the largest HMO and integrated health networks.
- Led building of clinical, operational and technology infrastructures supporting value based payment programs such as MSSP and Pioneer ACO. Clients included multi-state large integrated delivery networks across the US, with 150k+ attributed lives of \$1.5+ billion total cost of care and \$30+ million in shared savings.

### Information Technology & Advanced Analytics

- Led a broad range of health IT strategy and solution development engagements ranging from HIE, eHealth, Population Health, Contact Center, Patient Monitoring, Medical Device integration, Medical Imaging Archive, etc., with providers, payers, pharmaceutical companies, and government agencies.
- Led descriptive analysis as well as advanced predictive / prescriptive modeling to identify gaps in care, avoidable high-cost events, system leaking prediction, and privacy breach risk stratification.
- Led multiple client implementations of acute care and ambulatory care Electronic Health Records. Span of projects included all-digital heart hospitals, tertiary-care teaching hospitals, pediatric specialty clinics, and community hospitals.

### Information Privacy and Security

- Developed the Care Delivery information security strategy for one of the largest HMO and integrated health networks, with a focus in HER / Meaningful Use, HIE, telehealth, and biomedical device integration.
- Co-founded and co-led the Medical Device Innovation, Safety and Security Consortium (MDISS), a public-private partnership among healthcare delivery organizations, medical device manufacturers, and technology companies.
- Served as an expert advisor to a State Department of Justice in developing the “Medical Identity Theft Recommendations for the Age of Electronic Medical Records”, a non-binding guide for providers, payers, and technology companies.

### Work History

Director, Navigant

Principal, North Americas Population Health Lead, Philips

Vice President and Chief of Staff, Aetna

Commercial Health IT Practice Lead, Booz Allen Hamilton

Enterprise Architect, Director of Care Delivery Information Security, Kaiser Permanente

Client EHR Project Manager, General Electric Company

EHR Project Manager and Application Lead, The Nemours Foundation

Resident Physician, General Hospital for Air Force (Beijing, China)

### Certifications, Memberships, and Awards

Certified International Privacy Professional (CIPP), 2011

Six Sigma Green Belt, 2002

EpicCare Ambulatory Certificate, 2000

### Education

Master of Health Administration

Cornell University

Bachelor of Medicine (U.S. Medical Doctor Equivalent)

The Fourth Military Medical University, China

## Patricia Nguyen, MBA, MHA

Senior Consultant

patricia.nguyen@navigant.com  
 Indianapolis, IN  
 Direct: 317.217.5367

### Professional Summary

Patricia is a Senior Consultant in the Healthcare Advisory practice, specifically Physician Enterprise Solutions at Navigant. She has experience in business development, risk mitigation, and quality improvement for health systems and physician groups, which allows her to bridge the worlds of strategy and operations.

Her expertise is in integrating finance, operations, risk, and data analysis. These skills, complimented by her academic qualifications in business and healthcare management, have enabled her to become a trusted advisor to senior leadership on business-critical analytic initiatives. Patricia has been responsible for executing the cross-functional, collaborative plans, and programs offered across nine hospitals in central Indiana.

### Areas of Expertise

Physician Services Compensation and Valuation (PSCV)

High Level and Detailed Simulation Models

- Professional Services Compensation | Medical Directorships and Call Coverage
- Population Health | Care Management Staffing
- Managed Care | Total Medical Expense
- Revenue Cycle Management | Accounts Receivable Staffing

Clinical Transformation Clinical Effectiveness and Care Redesign

### Professional Experience

Patricia’s primary focus had been the development of strong and diverse strategic initiatives to promote quality, efficiency, and patient access in the communities served by multiple healthcare organizations. She has experience in advising both hospitals and provider networks and has supported various chief executives in the realm of healthcare strategy and operations.

Carolinas Health System

Texas Health Resources

Dignity Health

TriHealth

Sutter Health

United Regional Physician Group

**Work History**

Senior Consultant, Navigant	2015 – Present
Shared Services Consultant, Suburban Health Organization	2011 – 2015
Business Analyst, Happy Clinic Denver	2010 – 2011

**Certifications and Memberships**

Indiana Healthcare Executives Network (IHEN), Board Secretary  
 American College of Healthcare Executives (ACHE), Healthcare Consultants Forum Committee  
 Executive Women in Healthcare (EWHC), Member

**Education**

Master of Business Administration	Indiana University
Master of Health Administration	Indiana University
Bachelor of Science	Purdue University

## Cheryl McGee Waltko, CHC, EFPM

### Director

cheryl.waltko@navigant.com

Chicago, IL

Direct: 312.252.3320

### Professional Summary

Cheryl Waltko is a Director in Navigant's Physician Enterprise Solutions Practice. Cheryl has over 30 years of experience in executive and senior management positions in the healthcare industry, with a solid history of evaluating and improving operations, as well as management of single and multi-specialty groups. She is adept at assessing areas of weakness that effect the bottom line and rejuvenating productivity to control costs and increase revenue. Cheryl's expertise in operations, personnel management, as well as revenue cycle and physician relations results in a track-record of success.

Cheryl has been a leader in a firm that specializes in healthcare analytics and healthcare system operational improvement. She led a team of operational consulting experts who provided leadership to the group medical practices via assessments, interim management, and implementation of identified improvement opportunities. Her areas of focus included performance and financial improvement, access to care, productivity improvement, and growth strategies. Ms. Waltko founded HealthCare Compliance & Consulting Resources in 2001. In addition to consulting and management services, HCCR provided IRO support to healthcare organizations and practices working through Officer of Inspector General (OIG) mandated Corporate Integrity Agreements (CIAs)

### Areas of Expertise

- Behavioral Health
- Joint Commission Accreditation Preparation for Physician Practices
- Physician Practice Management (consulting, interim management, start-up, status transition)
- Rural Health Clinic Operations and Reimbursement
- Faculty Clinic Operations and Billing Regulations
- Educational Presentations
- Business Office Functionality (revenue cycle)
- Provider-based Clinic Operations and Reimbursement

## Professional Experience

- Provided 2-Year interim management of a large public academic faculty clinics to include transition of its community based clinics to provider-based status.
- Provided services as an Interim Chief Operating Officer for a large healthcare system located in the northeast to address the issues of compensation, data systems, and business operations as well as to provide mentoring to the practice managers and division directors of its 350+ member multi-specialty, multi-site practice enterprise. The nine-month engagement yielded a \$14+M turnaround to the bottom line of the health system.
- Managed a dedicated interim COO and Financial Director team throughout a nineteen month with a large for-profit Catholic hospital in the northeast. Cheryl led implementation of improved and “same store” operational processes throughout all clinic sites, mentorship of practice management, as well as implementation of internal controls and establishment of group governance as well as re-engineering of the revenue cycle processes.
- Conducted operational reviews of healthcare organizations to identify opportunities for performance improvement.
- Expert in Physician Practice Management and consulting with specific focus in multi-specialty group practices, academic medical centers, rural health clinic and provider-based clinic operations and related regulatory billing and operational compliance.
- Experience in practice/clinic turn-a-round management, clinic “start-ups”, status transitions (traditional practice model to provider-based and/or rural health), provision of interim management of hospital-owned and/or managed clinics and implementation of appropriate documentation and billing practices for academic medical centers.
- Provides IRO services, Oversight of Corporate Integrity Agreements, Faculty and Resident Education related to medical record documentation and billing regulations, Interim Management of faculty clinics in large academic medical center, and Turnaround Management specific to clinic operations and billing.
- 2-Year Management (July 2004 - 2006) of Large Public Academic Faculty Clinics and Leader of its Community Based Clinics to Provider-Based status; Provision of ongoing educational inservices related to billing and compliant operations of a Medical College Faculty Clinics; Conducted a Charge Capture Review and Medical Record Documentation audit of a Large General Hospital’s Faculty Clinics; Provided 8-month Interim Central Business Office Management specific to a Large Public Medical Center’s provider-based Faculty Clinics; Conducted Operational and Charge Capture Assessments and Developed Corrective Action Plans for the Faculty Clinics of four (4) Large Medical Centers in Florida, Illinois, New Jersey and California.
- As COO of a Physician Practice Management (PPM) firm during the early 1990’s, provided direction, coordination and leadership to over 200 practice support staff, 20 physician practices and directed the start-up of two (2) moderate complexity and one (1) high complexity reference laboratories established for the provision of laboratory services to Metro Atlanta Visiting Nurses Association, independent physician practices and physician practices owned and operated by the PPM firm.
- As Associate Vice President of Physician Services for Quorum Health Resources, provided management of the consulting team responsible for physician practice operations within the practices

owned and operated by the nineteen (19) owned and two hundred (200)+ managed hospitals. Directed and managed the turn-around of large multi-specialty groups owned by hospitals within Mississippi, South Carolina, and Georgia. Developed the Physician Practice Compliance Program as well as provided the “roll out” of the same.

**Work History**

Director, Navigant	2017 – Present
Senior Director, Huron Consulting Group	2015 – 2017
Vice President & Managing Director, Equation Consulting	2010 – 2015
President & CEO, HealthCare Compliance & Consulting Resources, Inc.	2001 – 2009
Associate Vice President, Healthcare Management Resources, Inc.	1999 – 2001
Associate Vice President/Physician Practice Services, Quorum Health Resources, LLC	1995 – 1999
Chief Operating Officer, Metropolitan Healthcare, Inc.	1993 – 1995
Director - Business Operations, Atlanta Medical Associates	1990 – 1993
Director - Business Operations, Charter Brook Hospital	1989 – 1990
Associate Administrator/Business Operations Director, Psychiatric Institutes of America (Psychiatric Institute of Atlanta and Laurel Heights Hospital)	1984 – 1989

**Professional Affiliations and Certifications**

- Executive Fellow of Practice Management (EFPM) by the American Academy of Medical Management
- Certified Healthcare Compliance (CHC).

**Publications and Presentations**

- “Basics of Provider Based Clinic Regulatory Requirements” presented to Idaho HFMA Chapter, April 2012
- “Debunking the 12 Myths of EMR Projects” Inside Healthcare, August 2010
- “Provider Based Clinics: Not Knowing the Rules Can Cost Millions”, Inside Healthcare, September 2011
- “Provider-Based Status Myths” Inside Healthcare, July 2010
- “Provider-Based Clinic and Rural Health Clinics” presented at 2006 Health Care Compliance Association Annual Conference, Las Vegas, Nevada April 23-26, 2006.
- “Physician Practice-Table Topics” presented at the QHR Annual Leadership Conference May 2005.
- “Physician Practice Billing Compliance Issues” presented at QHR Financial Officer Training Program, August 2004.

- “Medical Necessity & CMS Teaching Physician Billing Rules” presented at Meharry Medical College OB/Gyn Faculty Retreat, April 2004.
- “Physician Practice Billing and Operations” presented at Meharry Medical College Medical Staff Education, September-October 2003.
- “OSHA and CLIA Compliance” presented at Indiana MGMA Chapter Annual Conference, 1997.
- “Compliance Auditing and Monitoring for Teaching Physician Services” presented at Meharry Medical College, June 2002.
- “Medical Record Auditing Workshop” presented at Quorum Health Resources Learning Institute, 1997, 1998, 1999, 2001.
- “Physician Practice Operations” 3-Day Seminar presented at Quorum Health Resources Learning Institute 1996, 1997, 1998.
- “CLIA & OSHA for Physician Practices” presented to the Indiana Chapter of Medical Group Management Association, 1996.

### Speaking Engagements

- Navigating the Provider Based Regulatory Requirements, HCCA National Conference 2007
- Provider Based Clinics and Rural Health Clinic Operational Compliance – Wyoming HFMA 2013