

MCHD CLINIC DIVISION PERFORMANCE IMPROVEMENT ASSESSMENT REPORT

AUDIT REVIEW COMMITTEE MEETING

JULY 11, 2017



NAVIGANT

OUR UNDERSTANDING OF YOUR NEEDS ...

Purpose

Mecklenburg County (County) requested a proposal for consulting services to provide an assessment of the Clinical and Operational processes of the Health Department Clinic Division. The Assessment Report should consist of the following:

- List of recommendations for improving the current and future operating environment
- Proposed organizational structure that would be considered 'best practice'
- Broader strategic options to manage current and future clinical services

for the Southeast and Northwest clinics.

Scope Areas

Review and assess current business and clinic processes in the following areas:

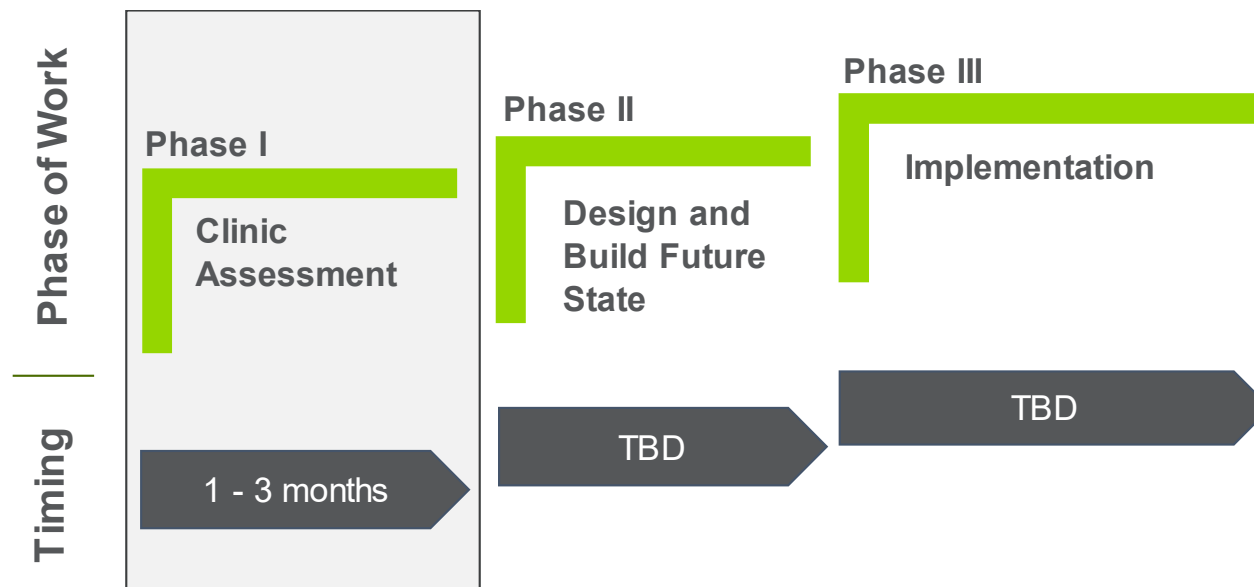
- Clinical Environment
- Laboratory Environment
- Staff Efficiency and Effectiveness, Management Span of Control
- Clinic Standards of Operation
- Patient Care Quality Measures and Monitoring

MORE SPECIFICALLY WHAT WE EVALUATED ...

- Patient Experience included but not limited to patient throughput and satisfaction, education, testing, results reporting and follow-up.
- Communications, between and among, parties.
- Clinical Operations workflow, processes / procedures, testing, and results reporting incorporating “Leading Practice” standards.
- Laboratory workflow included ordering, results reporting, accountability, and patient notification.
- Provider and clinic staffing efficiency and effectiveness.
- Clinic policies and procedures, job aids, competency assessment, and identification of gaps in training specific to the use of EMR.
- Patient Care Quality Assurance measures / monitoring, and made recommendations, as appropriate, to improve the quality program / initiatives.
- Administrative and organizational structure to better manage clinic operations.
- Clinical operations in accordance to “Leading Practice” standards of operations; including buy versus build opportunities.

WE ACCOMPLISH THIS BY ...

- A developed and focused approach that allowed us to consider all of the areas that have been and would be identified from the Clinic Assessment for Implementation.



- The work steps within Phase I:
 - Helped Navigant understand your organization.
 - Identified opportunities for improvement and potential solutions to enhance your organizations performance.

OUR WORK CONSISTED OF ...

- Performed an assessment with data provided by MCHD and compared this information against national benchmark survey data.
- Benchmarked sources (2016 reports based on 2015 data):
 - Medical Group Management Association (MGMA) - Physician Compensation & Production, Cost and Revenue Surveys.
- Reviewed key performance indicators (KPI's) for revenue, physician productivity and staffing.
- Completed the following:
 - Conducted a clinic services assessment.
 - Interviewed key executives, management, operations and revenue cycle leaders and staff from MCHD.
 - Interviewed Physicians / Mid-level Providers.
 - Interviewed MCHD clinical and non-clinical personnel.
 - Observed operations at clinic locations.

OUR METHODOLOGY AND APPROACH ...

- Our assessment included the following:
 - Interviewed leadership and key stakeholders from Mecklenburg County Department of Public Health.
 - Conducted onsite practice observations and practice staff interviews.
 - Collection and analysis of FY2016 and YTD FY2017 clinic encounter data, clinical FTE's, and staffing levels used to perform:
 - Provider productivity and staffing analysis of KPI's.
 - Identified and quantified opportunities for improvement.
- Our Assessment Report includes:
 - Presentation to Mecklenburg County Department of Public Health leadership.
 - Presentation to County leadership.
 - Key message regarding our findings and observations.
 - Recommendations by key initiatives.
 - Pathway towards implementation.

KEY STAKEHOLDERS WE INTERVIEWED




Location / Department	Position	Total
Executives		4
Clinic/Dept. Management		8
Call Center	Registrar	3
ITS	ITS	3
Laboratory	Laboratory Staff	2
Medical Records	Medical Records	3
Northwest	Non-clinical Staff	3
	Other Clinical Staff	2
	Provider	4
	Registrar	2
	RN	3
Southeast	Non-clinical Staff	1
	Other Clinical Staff	1
	Provider	2
	Registrar	1
	RN	5
Grand Total		47










OPPORTUNITY PRIORITIES

Priority	Opportunity
1	Enhance EMR performance to maximize clinic performance, maximize patient management, eliminate multiple documentation approaches, and minimize risks.
2	Restructure current Clinical Care Model and Delivery resulting in improved patient satisfaction and patient access, implement alternative methods to deliver care, and improved financial performance of the clinics.
3	Resign Customer Contact Center / Call Center 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 strategic Laboratory Management Affiliation with an external partner for remaining in-house laboratory operations.
5	Redesign Clinic Management structure.
6	Enhance Quality Programs to permeate clinic organization and exceed state requirements.

OPPORTUNITY ASSESSMENT RISK

Based upon Navigant's extensive knowledge and experience working with clinic organizations, we utilized an overall risk ranking system as outlined below:

-  High Risk - Significant Concern
-  Moderate Risk - Areas of Concern Identified
-  Minimal Risk - Few Issues Identified

Criteria	Minimal	Moderate	High
EMR			
Clinical Care Model and Delivery			
Clinic Contact Centralized Program (CCC)			
Practice Standardization			
Lab Ops / Management Affiliation			
Care Delivery Structure			
Management Structure			
Quality and Compliance			
Providers / Staffing			

IMPLEMENTATION INITIATIVES

Category	Low	Medium	High
EMR	■	■	■
Clinical Care Model and Delivery	■	■	■
Clinic Contact Centralized Program (CCC)	■	■	■
Practice Standardization	■	■	■
Lab Ops / Management Affiliation	■	■	■
Care Delivery Structure	■	■	■
Management Structure	■	■	■
Quality and Compliance	■	■	■
Providers / Staffing	■	■	■

Based upon Navigant's extensive knowledge and experience working with clinic organizations, we utilized an overall implementation estimation as outlined below:

■ Potential Economic Value

■ Difficulty of Implementation

OPPORTUNITIES THAT SHOULD BE CAPITALIZED UPON ...

Electronic Medical Records (EMR)

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

- Develop a Health Information Technology strategic vision.
- Develop an EMR optimization plan.
- Develop a Meaningful Use (MU) strategy
- Develop a Patient Portal strategy
- Assess functionality of EMR and practice management software functionality.
- Conduct an in-depth assessment of the clinical documentation requirements needed to deliver quality patient care and meet all state and federal reporting.
- If current EMR and practice management software will not meet clinic needs, consider other options such as the following:
 - Upgraded version of current EMR.
 - Epic EMR provided by Novant's Community Connect program.
 - EMR product specific to Public Health.

OPPORTUNITIES THAT SHOULD BE CAPITALIZED UPON ...

Electronic Medical Records (EMR)

- Review all applications in use by MCHD Clinics and explore options for interfacing with EMR and practice management system to minimize duplication of data entry and documentation.
- Optimize network performance to minimize slow connection and freezes of EMR environment.
- Develop on-going EMR and practice management software refresher training course for current EMR version for employees and providers.
- Revise Nurse Informaticist job description.
 - Position should be bridged between health information technology and clinical workflow.
- Complete a thorough assessment of all hardware throughout the clinics – computers, monitors, multi-function printers and Zebra printers.

OPPORTUNITIES THAT SHOULD BE CAPITALIZED UPON ...

Clinical Care Model and Delivery

- Develop and implement enhancements to the Telephone Triage program.
- Develop and implement enhancements to the Clinical Triage program for walk-in patients.
- Leverage phone based interpretation services to improve/enhance a patient's visit and overall clinic throughput. (Purchase additional telephones LAN and Cell).
- Consistently adhere to policies and procedures to protect patient personal information.
- Review lab interface with EMR to see if this workflow can be improved.
- Referrals to outside providers should be entered as an order in the EMR enhancing data tracking capabilities.
- Formalize the patient discharge process and provide a written copy of discharge instructions to each patient at the end of their visit.

OPPORTUNITIES THAT SHOULD BE CAPITALIZED UPON ...

Clinical Care Model and Delivery

- Further evaluate clinical personnel duties and responsibilities ensuring providers and staff are practicing at “Top of License”.
 - Develop clear guidelines and expectations regarding Provider duties and responsibilities during the patient visit and hold provider’s accountable for completion.
 - Develop clear guidelines and expectations regarding RN duties and responsibilities during the patient visit and hold RN’s accountable for completion.
 - Expand the role of the Clinical Assistants by moving under the license of the physician.
 - Assign basic, non-clinical tasks to Clinical Assistant’s.
- Restructure Family Planning Redesign initiative – provide a mechanism for all staff to share their suggestions, especially if they are not a part of the active committee.
- Streamline Refugee clinic workflow into a one day visit rather than two days.
- Invest in personnel by training them appropriately and routinely; ensure they understand clinic P&P’s, duties and responsibilities, EMR functionality, etc.
- Clinical staff should be cross-trained to work in all the different clinics.

OPPORTUNITIES THAT SHOULD BE CAPITALIZED UPON ...

Clinic Contact Centralized Program (CCC)

Conduct a deeper in-depth assessment to determine functionality and effectiveness of current Clinic Contact Centralized program to determine if this model will meet MCHD needs.

- CCC should make every effort possible to verify insurance prior to the patient presenting.
- Input demographic and insurance information at the time of an appointment request.
- Through monthly “Lunch and Learns”, educate clinical / non-clinical staff on the functionalities of both the CCC and Registration areas.
- On a periodic basis, audit CCC and Registration staff to determine the accuracy of patient information that is collected prior to and during a patient visit.
- Explore the possibility of having CCC and Registration staff rotate and cross-train between both departments.
- Based on patient volume(s), determine appropriate staffing to effectively, timely and efficiently manage current and future call center patient volumes.

LABORATORY ASSESSMENT – OPPORTUNITY PRIORITIZATION

Recommendations	Tentative Time Line	Key Implementation Requirements	Potential Risks
Re-align the In-house test menu - retain only time sensitive tests	3 – 6 months	<ul style="list-style-type: none"> • Make Decision/Operational transition planning • CLIA accreditation change • Modification of lab policies/protocols 	1
Discontinue in-house molecular and plated culture testing; refer to commercial lab	2 – 4 months	<ul style="list-style-type: none"> • Make Decision/Operational transition planning; pricing agreement with commercial lab • CLIA accreditation change • Modification of lab policies/protocols 	2
Limit referrals to NC State lab; leverage existing commercial lab capabilities	2 – 4 months	<ul style="list-style-type: none"> • Make Decision/Operational transition planning • Reach pricing agreement with commercial lab • Update internal lab policies/protocols 	3
Implement SLA dashboard	1 – 3 months	<ul style="list-style-type: none"> • Make decision/Agree on applicable SLAs • Develop dashboard and tools (forms) • Establish governing policy/update lab protocols 	4
Pursue a strategic laboratory Management Affiliation with external partner for remaining in-house laboratory operations	6 – 12 months	<ul style="list-style-type: none"> • Make decision and develop action (work) plan • Complete required due diligence of tentative commercial lab partner(s) – note: data sharing will be required after NDA is established • Formalize Lab Management arrangement (based on due diligence findings) • Complete transition plan 	5

- 1 – Low risk: Test menu for time sensitive services remains intact; non-time sensitive services would be outsourced
- 2 – Low risk: Test referral arrangement, interface, and logistical arrangements already exist
- 3 – Low risk: An interface with LabCorp and a pricing agreement are already in place
- 4 – Low risk: SLAs – used to monitor timely completion of tests referred out – will complement the current Lab QA program
- 5 – Some risk exists that test volume/spend could be deemed too low to firm up external Lab Management Partner relationship

OPPORTUNITIES THAT SHOULD BE CAPITALIZED UPON ...

Care Delivery Structure

- Reorganize **Care Delivery Structure** from the current Program delivery model (e.g. STD, TB) to a Clinic Location delivery model.
- Enhances service delivery, patient access and satisfaction.
- Improves management accountability.
- Allows for cross training of personnel, enhanced job performance and satisfaction.

Southeast Clinic (Services / Programs)	Northwest Clinic (Services / Programs)
Adult Health (Family Planning & STD)	Adult Health (Family Planning, STD & BCCCP)
Immunization	Immunization
Travel	N/A
TB Screening	TB Screening
N/A	TB Follow-up
N/A	Refugee
PAP Test Results Team	PAP Test Results Team

OPPORTUNITIES THAT SHOULD BE CAPITALIZED UPON ...

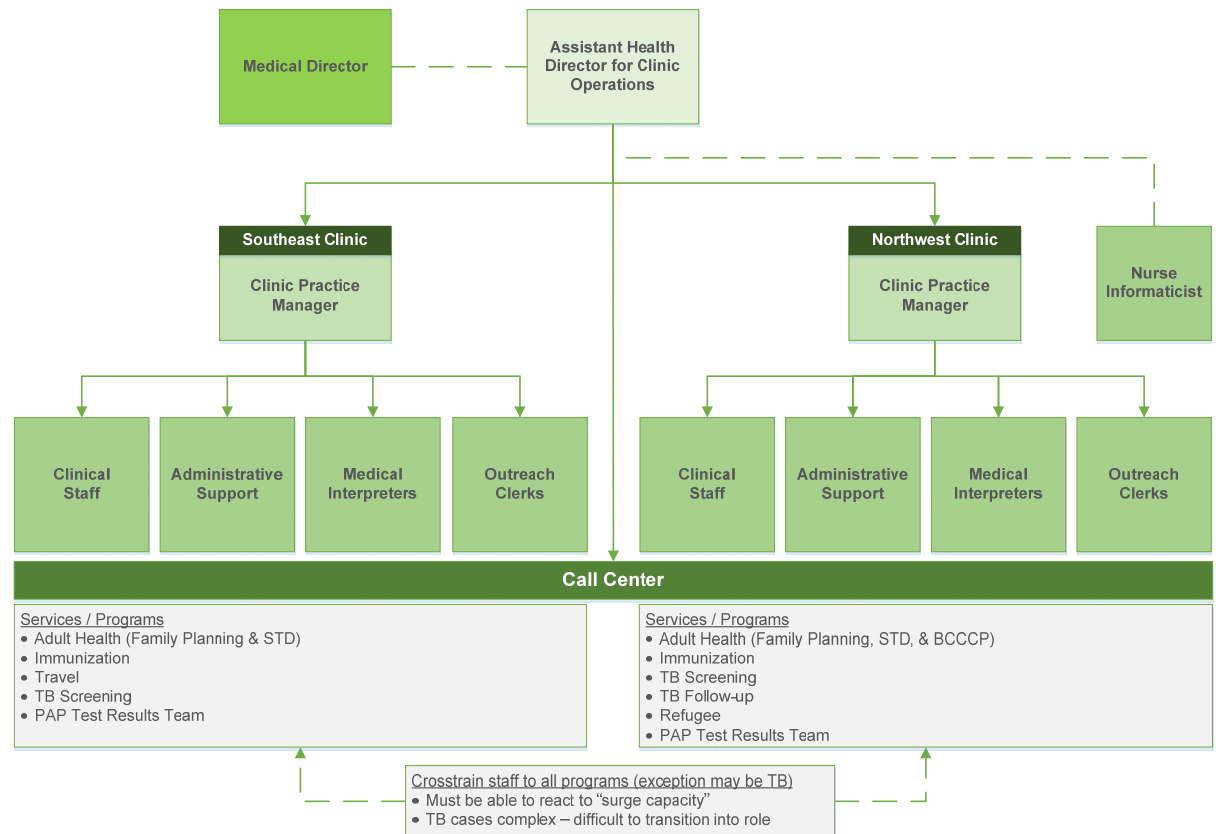
Clinic Management Overview

- Clinic management should “round” in clinics routinely.
- Institute a communication plan that addresses overall perceptions of staff and managers.
 - Once organizational structure are formalized, communicate roles, duties and responsibilities and authority to employees.
 - “Lunch and Learn” on a scheduled basis which will provide a forum to share information regarding goals, objectives, and updates (Quarterly).
 - Breakfast with the Health Director (Monthly).
 - Develop an Clinic Division employee newsletter (Monthly or Quarterly).
 - Institute mentee/mentor sessions (Monthly).
- Institute No Exception’s adherence to HR policies for all employees.
- Apply performance review process consistently; review job duties and responsibilities, performance expectations, and communicate via review meetings with personnel (initial, mid-year, annually).
- Evaluate meeting structure, purpose and attendees. Revamp to include representatives who have the authority to make decisions for clinical and operational functions.

OPPORTUNITIES THAT SHOULD BE CAPITALIZED UPON ...

Proposed Management Structure

- Restructure Management team:
 - Medical Director
 - Assistant Health Director for Clinic Operations
 - Other Practice Managers/Supervisors
- Proposed Structure:
 - Clinical
 - Administrative
 - Interpreters
 - Outreach
- Adjust Span of Control for Management.



Note: Medical Director position same as Dept. position.

OPPORTUNITIES THAT SHOULD BE CAPITALIZED UPON ...

Quality and Compliance

- Currently meeting NC State requirements. Implement a focused effort to progress from a Quality Assurance to a Quality Improvement organization.
- Create a clear/compelling vision for the organization's future tied to strategic goals.
- Make strategic decisions that support the organization's vision, mission, and strategies.
- Engage management and staff at all levels in adopting system-wide aims for reducing patient harm and delivering the right clinical care to improve team culture and build organizational alignment.
- Create an urgency around the need for and acceptance of change. Move from reactive norms and practices to a proactive mindset for continual improvement.
- Develop the organizational structure, people, policy, budget, and resources that support the organizational capability for embracing change/innovation.
- Establish policies that define focus and differentiate responsibilities among various parties in the Health Department and Clinics.
- Assign QA/QI clinic division program to a Health Department executive.

OUR TEAM BRINGS PRACTICE MANAGEMENT EXPERTISE & INDUSTRY PERSPECTIVE ...

Robert W. Kirk, FACMPE, ACHSC <i>Director</i>	<p>Engagement Executive</p> <p>Robert has more than 30 years of experience in healthcare executive leadership and management, clinic operations, finance, performance improvement, strategic planning, and revenue cycle.</p>
Brent Shive, FACHE, MBA <i>Director</i>	<p>North Carolina Relationship Manager</p> <p>Brent has more than 30 years of extensive experience in strategic account management of collaborative relationships with hospitals and health systems of all sizes.</p>
Arvind Ramanathan, MHA, MBA Associate <i>Director</i>	<p>Project Manager</p> <p>Arvind is a results oriented leader with over 15 years of progressive healthcare experience with emphasis in outpatient business operations.</p>
Mary Zacharias, RN <i>Managing Consultant</i>	<p>Clinical Project Lead</p> <p>Mary offers 40 years of experience as a registered nurse, with a primary focus in nursing leadership and healthcare information technology.</p>
Josue Rodas, MT, MBA <i>Director</i>	<p>Senior Advisor, Laboratory Services</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>
Cheryle Morgan, MT, MHA <i>Director</i>	<p>Senior Advisor, Clinical / Management Effectiveness</p> <p>Cheryle 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>

OUR TEAM BRINGS PRACTICE MANAGEMENT EXPERTISE & INDUSTRY PERSPECTIVE ...

<p>Jing W. MacKenzie, MD, MHA <i>Director</i></p>	<p>Senior Advisor, Customer Contact Center</p> <p>Dr. MacKenzie brings technology-enabled innovations and performance improvements to her client engagements.</p>
<p>Cheryl Waltko <i>Director</i></p>	<p>Senior Advisor and Project Manager</p> <p>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.</p>
<p>Timothy Kinney <i>Managing Director</i></p>	<p>Senior Adviser, EMR</p> <p>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>Phil Rogerson <i>Director</i></p>	<p>Senior Adviser, EMR</p> <p>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>Patricia (Trish) Nguyen, MBA, MHA <i>Senior Consultant</i></p>	<p>Senior Consultant</p> <p>Trish is a Senior Consultant in the Healthcare Advisory practice, specifically Physician Enterprise Solutions at Navigant.</p>

QUESTIONS & COMMENTS