

**Putting fun, excitement, and meaning back
into Performance Improvement**

BRINGING

SEXY

BACK

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Whether we call it Performance Improvement (PI), Quality Improvement (QI), or something else, the work we all do has a bad reputation.

All of us – the formal and informal quality leaders of our organizations – need to understand and share how exciting this work is.

Our goal today is to share some ideas and a framework that will help you make your QI work more exciting and more meaningful.

**All of these things are important,
but nobody looks at incident reports
and says, “These are exciting!”**

So what makes quality exciting?

**What do we want to see when we
look for “Sexy Quality?”**

“Sexy Quality” is something that makes life better for our clients and staff in a significant way.

In this presentation, we'll:

- 1. Look at some best practices in PI**
- 2. Introduce a framework for PI projects**
- 3. Demonstrate how the framework helps quality leaders succeed in different projects at different organizations**

Best Practices

**Be willing to fail, and
treat failure as the
root of success**

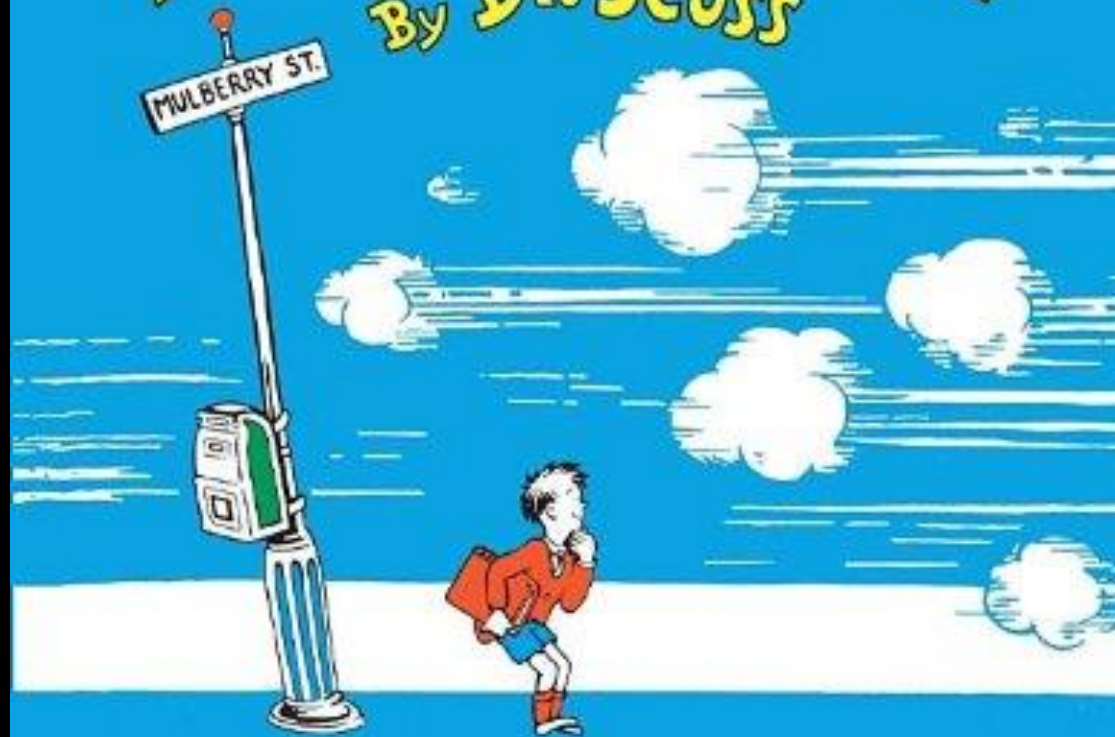
Best Practices

Back in the 1930s, there was an advertising guy named Ted Geisel. He was successful, but he wanted to do more. He wanted to create better work, and make more of a difference to the world around him.

So Ted wrote a book. He shopped it to publishers, but he was rejected over and over. “Nobody will buy this book,” the publishers said. “It is too different.” He was told “no” nearly 30 times. He failed nearly 30 times.

And then, after all those failures, someone said yes to Ted’s first book:

And to Think
That I Saw It on
MULBERRY STREET
By Dr. Seuss



The very first children's book by Dr. Seuss!

Best Practices

It is difficult to embrace and accept failure, but failure is widely recognized as a learning opportunity.

“Encouraging failure doesn’t mean abandoning supervision, quality control, or respect for sound practices. Just the opposite. ... a failure flowing from a carefully designed and executed project provides insight into what will work.”

– Richard Farson & Ralph Keyes, Harvard Business Review, 2002

Best Practices

NHCHC has published a series of articles on “HCH Quality Leaders.” These are available on www.nhchc.org.

We keep several of these articles in our PI Manual, and discuss them with auditors as we explain our quality priorities. This approach is generally well-received.

These articles feature four HCH projects:

- Harbor Homes (Nashua, NH)
- Care for the Homeless (New York, NY)
- RiverStone Health (Billings, MT)
- Community Health Care (Davenport, IA)

Introducing our Framework

The framework we use for PI in Baltimore offers variations on two related methodologies:

1. Plan-Do-Study-Act, or PDSA, is a cyclical methodology where we

- 1. Plan one change that we believe will lead to an improvement**
- 2. Do the one change**
- 3. Study the data to see what happened because of the change**
- 4. Act to either expand the change, maintain it, or reverse it**

Introducing our Framework

The framework we use for PI in Baltimore offers variations on two related methodologies:

2. Variation on and expansion of questions from “The Improvement Guide”

1. What are we trying to accomplish?

2. What changes can we make that will result in improvement?

3. How will we know that a change is an improvement?

– GJ Langley, RD Moen, KM Nolan, TW Nolan, CL Norman, LP Provost, 2009

Introducing our Framework

The problem with PDSA is it encourages us to make changes, but it never asks us to clearly explain the problem we're trying to solve, and it doesn't address how we'll maintain success when quality leaders are no longer involved.

This framework gives us a better understanding of the entire process, from understanding our problem to maintaining our success.

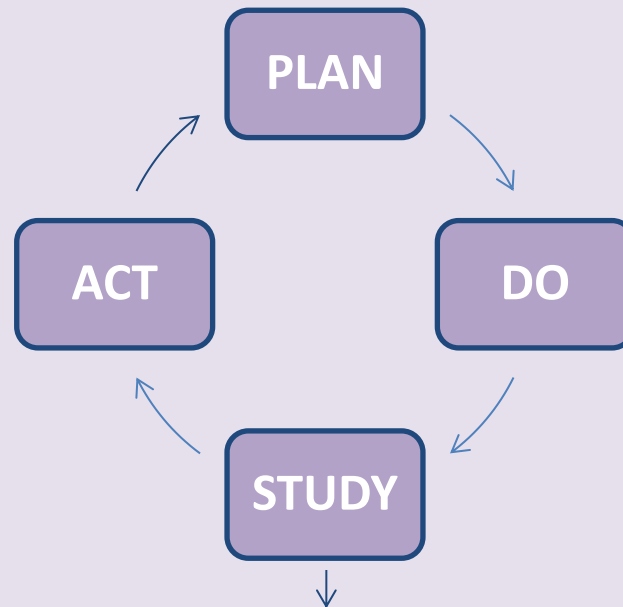
Vision: What are we trying to accomplish?



Process: What changes can we make that will result in improvement?



Goal: How will we know that a change is an improvement?



Implementation: How do we monitor and maintain what we've accomplished?

Vision

The Vision should be:

- **Simple**
- **Easy to understand**
- **Short**
- **In plain language (no buzzwords!)**

Ideally, the quality leader(s) who are passionate about improving something will write the Vision.

Process

The Process should:

- **Address the Vision**
- **Be open to all possibilities**
- **Be creative**

Ideally, the staff who will implement the changes will write the Process.

The quality leaders who write the Vision should not be an active part of the Process. Trust your team!

Goal

The Goal should:

- **Clearly state what you hope to achieve**
- **Be concrete**
- **When possible, be measurable – “4 walk-ins per day” is much different than “see more walk-ins”**

Although the Goal may initially be defined by the Vision team, the Vision and Process teams collaborate to find a goal that is both ambitious and achievable

Remember: not all changes will help you reach your Goal!

PDSA

Once the Vision, Process, and Goal are in place, begin your first PDSA cycle.

Implementation

Congratulations! You and your team have improved something. Now it's time to keep the change working!

The Implementation should:

- **State the person or team that “owns” the change**
- **Create a way for that person or team to make sure the change is still working**

The Implementation is a collaborative process that involves the Vision and Process teams, as well as any other people who will take over the change

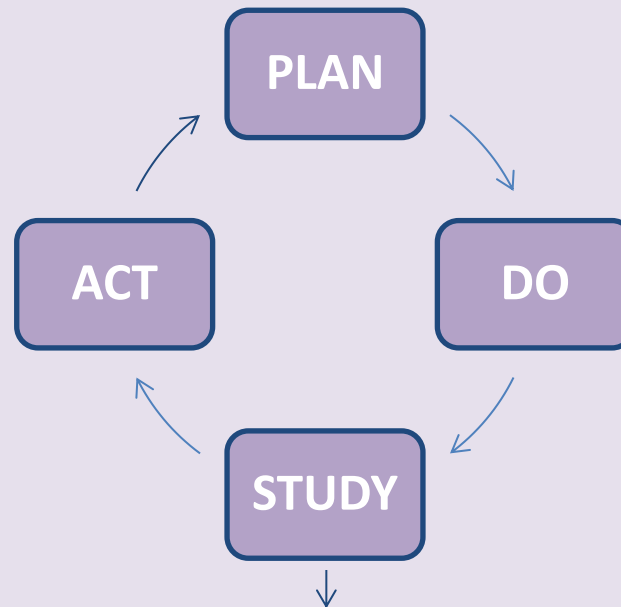
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SEXY QUALITY: Making life better for our clients and staff in a significant way

Why it works

This framework succeeds because it's both comprehensive and flexible.

It works well in harmonious organizations where leadership and staff have shared priorities, and in splintered organizations filled with conflict.

It works with complex, multi-team projects and simple projects with only a few people.

Why it works

The first step is always to develop a strong vision.

Even splintered organizations that are filled with conflict will have a difficult time protesting a strong vision that makes life better in a significant way.

Sample project: Pediatric Dental

Vision: Dental care for kids who come into our medical clinic

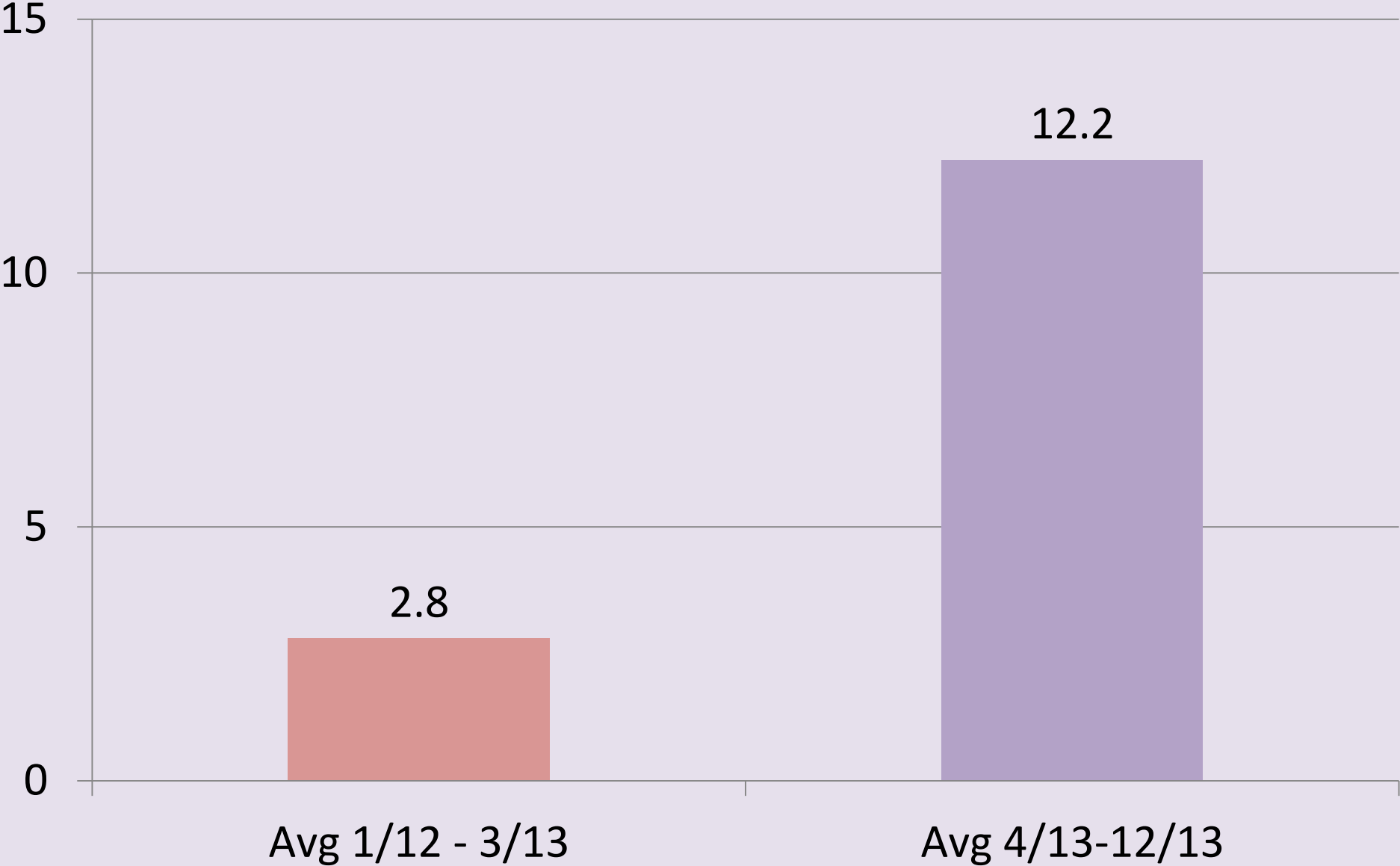
Process: Support staff in Pediatrics and Dental worked together to identify possibilities

Goal: Quadruple the average number of monthly dental visits for clients younger than 21

PDSA: Several cycles were performed, testing changes such as offering taxi vouchers to clients and bringing dentists to the medical clinic for varnishes

Implementation: Project was transitioned to Pediatric Medical, who currently coordinate with Dental

Average Monthly Pediatric Dental Visits: Jan 2012 through Dec 2013



Sample project: end The Line

Usual PI Process

- Objective: Increase patients seen by a provider in a day
- Plan: Increase by 1 visit per provider per day

- Objective: Increase cervical cancer screening rate
- Plan: increase screening rate by 10% over the course of 6 months

- Objective: ending The Line
- Plan: allow all walk-ins to be seen by a nurse or provider

end The Line

- **Vision:** Improve access to the clinic
- **Process:** Increase walk-in availability
- **Goal:** end The Line

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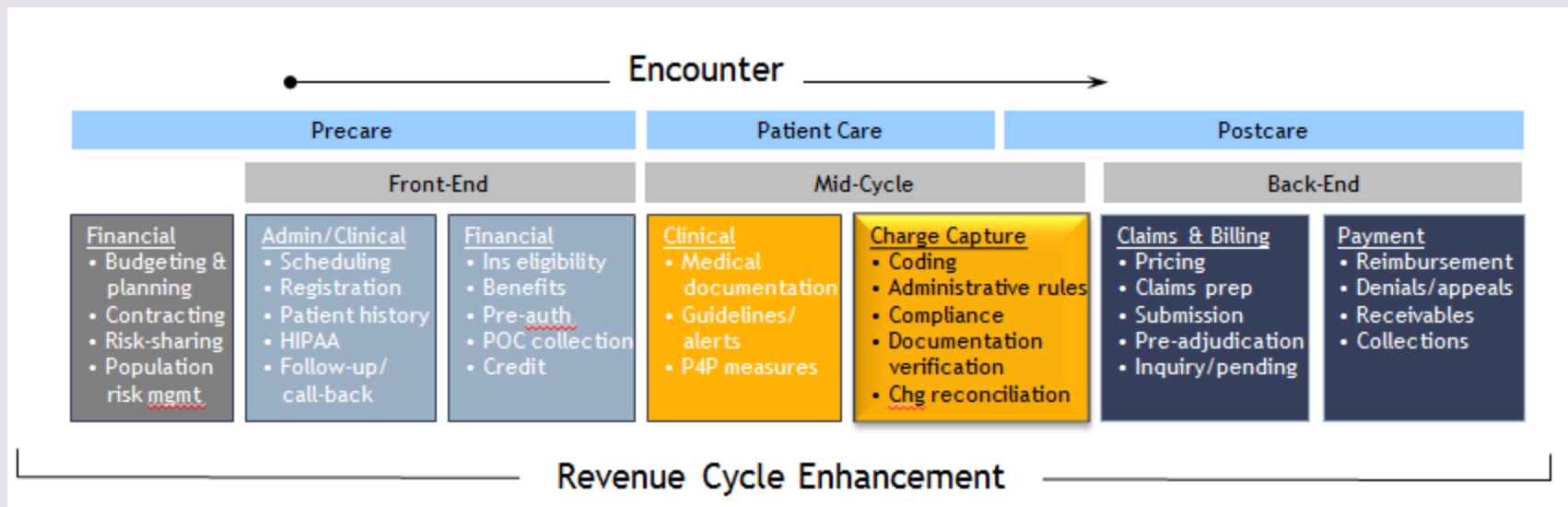
PDSA Cycle 1

- Staff driven PDSA
- Plan: count the number of people who were in line who wanted to see medical each morning
- Do: count each day over a 2 week period
- Study: Realized that the volume was manageable and that the nurse or provider could accommodate everyone
- Act: We planned to still have the same number of slots available for medical providers but now we would have the nurse triage the entire line inside the clinic and send up patients as indicated. The rest she would treat (medication refills, wound supplies, appointment) as needed

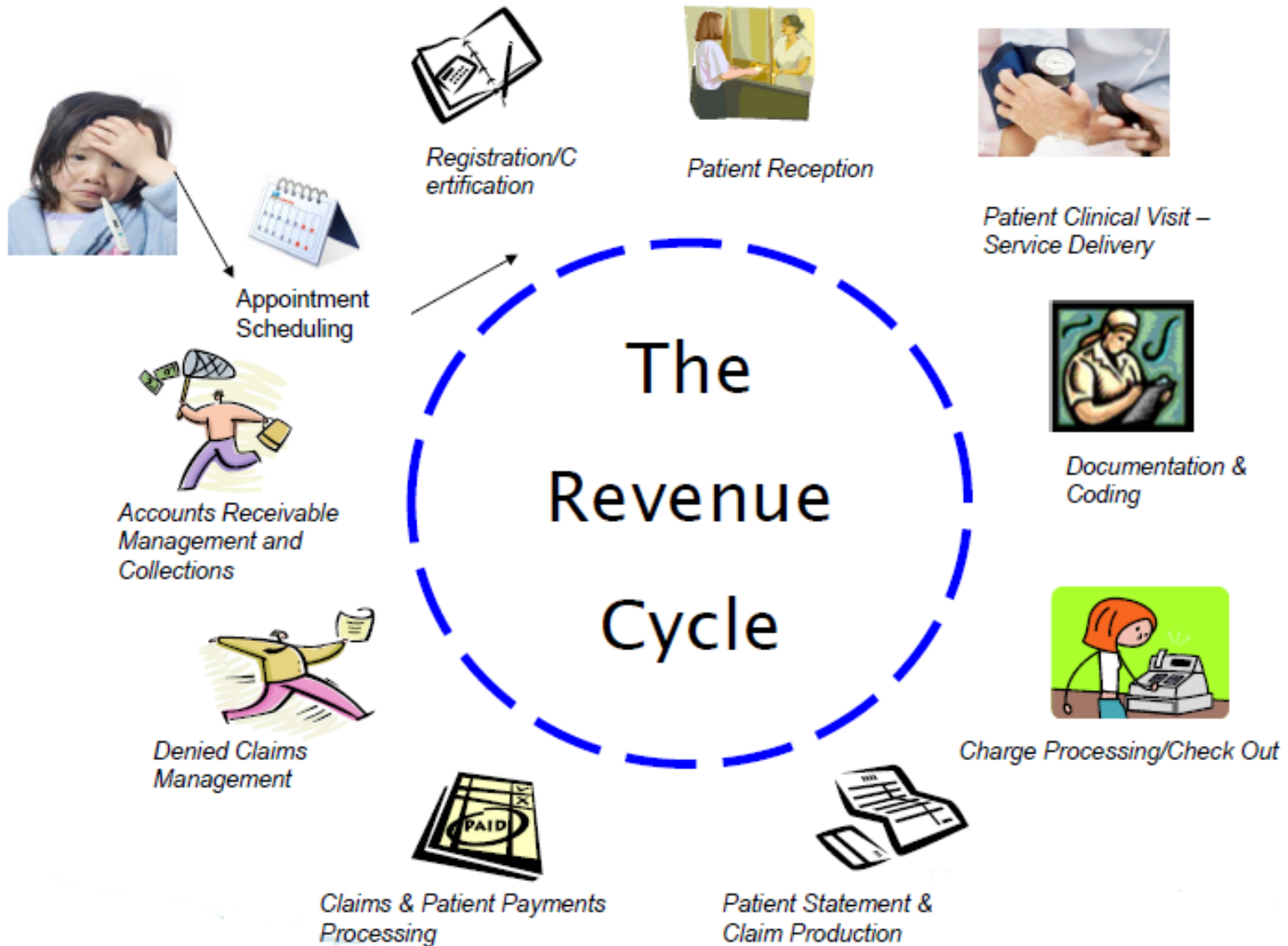
PDSA Cycle 2-?

- PDSA Cycle 2: Allow all patients who walk in for medical to be seen if they come before 12pm
- PDSA Cycle 3: Allow all patients who come in by 4 pm to be seen by medical
- PDSA Cycle 4: Mental health walk-ins would be triaged by a designated person
- PDSA Cycle 5: Mental health walk-in slots set aside on schedules
- PDSA Cycle 6: Designated mental health walk-in provider
- PDSA Cycle 7: ...

Sample project: Revenue Cycle Improvement



Vision: Keeping the Doors Open



Process: Cross-Team Involvement



IT Support ----->

Scheduling	Coding	Coding Edits	EDI Claims	EOB Review	AR Ageing	Troubleshoot Daily Issues	Upload Payment Totals/Update GL
EVS-Benefits Eligibility	CPT/ICD Review	Pre-Billing Review	Paper Claims	Cash Posting	Open Claim Follow-up	Workflow Management	Monthly Financials Rpts
Authorizations	Encounter Edits and Entry	Non-Billable Encounter Write-offs	Resolve Rejects: Within GE PM - Ready to file - Ready to batch - Ready to send	Post-Billing Adj	Resolve Denials	Credentialing/ Re-Attestation Support	AR Reports for Workflow Management
Encounter vs Schedule Reconciliation			Resolve Rejects: Clearinghouse	Deposit v. Batch Reconciliation	Secondary Filings	Integrate into process/system	AR Reports for: - Adj Mgt - Denial Mgt - Write-off Mgt - Cash Mgt
			Resolve Rejects: Payer Receiving		Re-Submissions	- New Plans - New Terms - New Providers	Table Updates

Goal:

Agency-wide improvement

Key Performance Indicator

Days in AR by Insurance Payer

Days in AR – Patients

Bad Debt – Percentage of Net Revenue

Front Office Cash Collections Percentage to Patient Net Revenue

Case Mix – Net Revenue vs. Collections / Payer Type / Visit

Identifying Action Steps to Achieve Maximum Revenue & Collections

PDSA 1 – Understand the Revenue Cycle

**PDSA 2 – Clean-up Billing and Collection
Efforts**

PDSA 3 – Revenue / AR Improvements

PDSA Steps to Achieve Revenue Cycle Goals

PDSA 1 – Understand the Revenue Cycle

- A. Review current front office operations
- B. Analyze areas where revenue can be enhanced by assuring that information is captured correctly
- C. Improve processes by documenting work flows
- D. Provide feedback about how staff are performing
- E. Perform revenue cycle review
- F. Identify bottlenecks
- G. Aggressively screen all uninsured patients for eligibility

PDSA Steps to Achieve Revenue Cycle Goals

PDSA 2 – Clean-up Billing and Collection Efforts

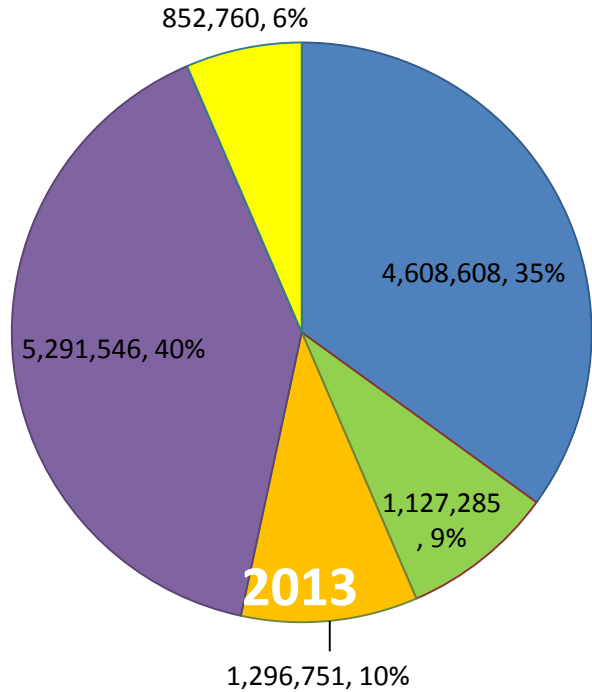
- A. Review current billing functions and analyze current provider documentation
- B. Analyze areas where revenue can be enhanced by identifying problems with rates, bad debts, increasing A/R, etc.
- C. Improve coding for quicker claims adjudication turnaround and reimbursement
- D. Analyze outside collection agency and evaluate revenue implications
- E. Perform denial analysis
- F. Identify annual dollar amounts associated with improvements

PDSA Steps to Achieve Revenue Cycle Goals

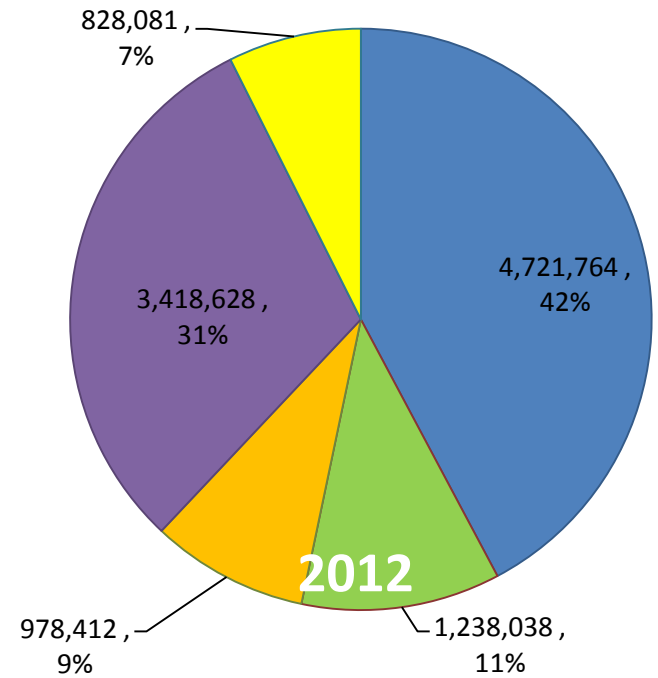
PDSA 3 – Revenue / AR Improvements

- A. Analyze revenue versus cost of payer categories – a health center will have a difficult time surviving if it's losing money on Medicaid. Compare cost per visit vs. your PPS rate. If cost is more than 5% higher, determine what factors trigger a successful rate appeal in your state
- B. Monitor managed care wraparound payments – compare managed care payments plus wraparound payments vs. PPS rate times managed care visits
- C. Maximize Medicare Reimbursement
- D. Maximize Medicaid Reimbursement
- E. Management needs to take control

Implementation: 2013 Revenue Improvement



- Federal grants
- State and city grants/contracts
- Contributions
- Patient service revenue, net
- Other



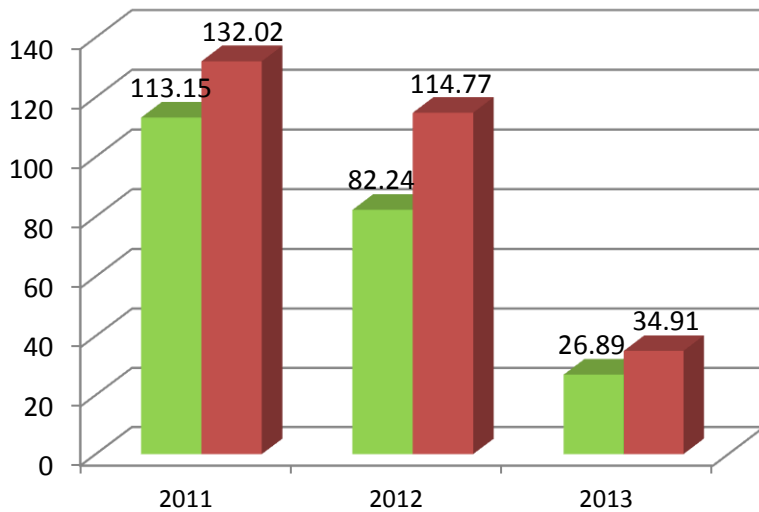
Total Operating Revenue

2013: \$13.2M

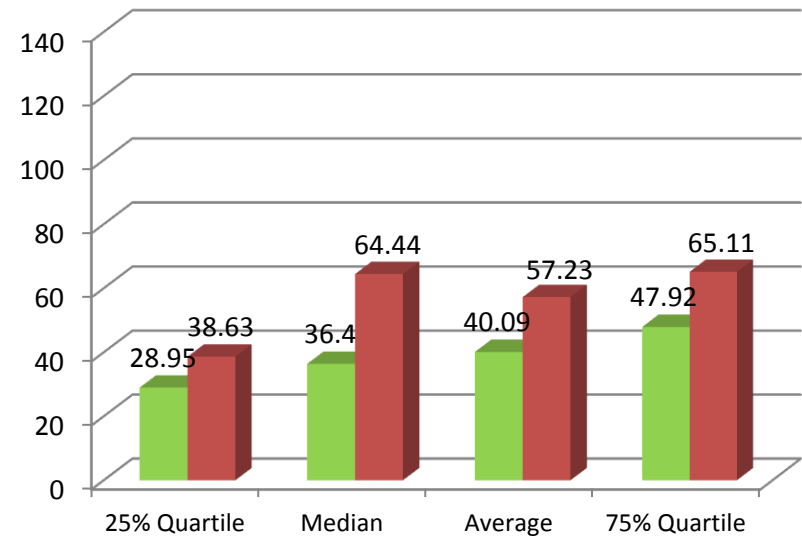
2012: \$11.2M

Implementation: 2013 AR Improvement

3 Year Trend



2013 FQHC Data



■ Days in Net Patient Services A/R

■ Days in Gross Patient Services A/R

- **As of December 31, 2013, HCH is in top quartile for FQHC's nation-wide.**

Legend: Days in Net Patient Services A/R = Net Patient Services Receivable / Patient Service Revenue (net bad debt) / 365 days
 Days in Gross Patient Services A/R = Gross Patient Services Receivable / Patient Service Revenue (net of bad debt) / 365 days

2011	2012	2013		25% Quartile	Median	Average	75% Quartile
113.15	82.24	26.89	<< Days in Net A/R >>	28.95	36.40	40.09	47.92
132.02	114.77	34.91	<< Days in Gross A/R >>	38.63	64.44	57.23	65.11

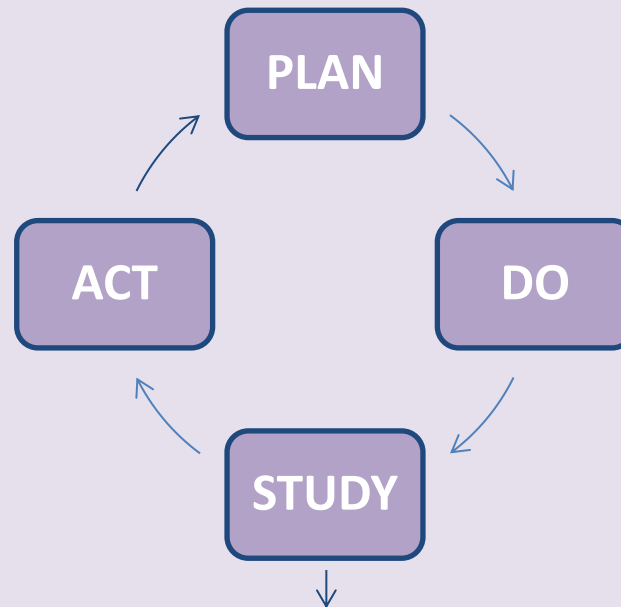
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Group Activity:

- 1. Identify the vision of a short-term PI project that you could start next week, and who on your team could help define the process and goal**
- 2. Identify a failure in your organization that led to success**

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