Operations from the CEO's Perspective

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Learning Objectives

1

Understand the CEO's role in oversight of care delivery, clinic optimization, and operations

2

Review fundamentals needed for a CEO to stay abreast of your health center's operations

3

Learn best practices related to meaningful measures (KPI's), and conveying those to different audiences

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Context: The functional areas of a CHC

- **Operations**
  - **Service delivery and clinic operations**
  - **Human resources**
  - **Marketing and community relations**
  - **Risk management**
  - **Compliance**
- Clinical
  - QA/QI
  - Credentialing and privileging
  - Value-based care
  - Provider recruiting
  - Provider compensation and incentives
- Finance
  - Accounting and internal controls
  - Budgeting and performance management
  - Grants and development
  - Information Technology

These functions do not necessarily report to a COO or Operations Leader. Some could report to the CEO. In all cases, daily management is delegated

Monitoring Service Delivery & Clinic Operations

Overseeing ongoing operations is most closely related to 4th Essential Role of the CEO

1) Selecting the "Core" Team – "who"
2) Setting the Culture –"how"
3) Casting a Compelling Shared Vision – "why"
4) **Holding People Accountable for Results – "what"**

- ✓ Starts at the top – an Executive Team with clear accountabilities
- ✓ Clear expectations – should be no need for micro-management
- ✓ Systematic approach
  - ➢ Accurate job descriptions
  - ➢ Clear expectations for performance
  - ➢ Regular communications
  - ➢ Goal achievement is timely and within budget
  - ➢ Results are recognized, rewarded, appreciated

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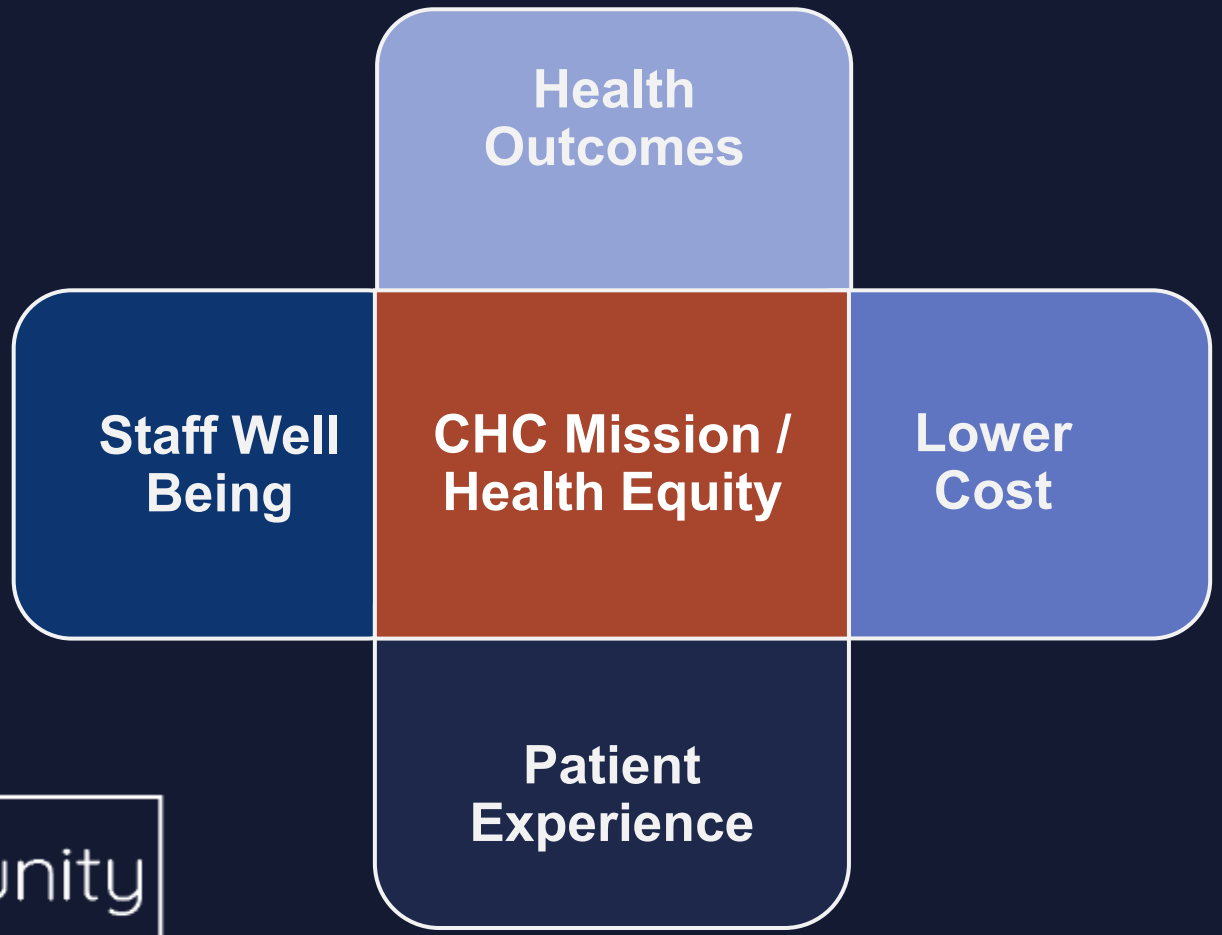
Operations leaders are accountable for measurable success in the Triple, Quadruple, and Quintuple Aims



*** So are clinical leaders, financial leaders, quality leaders, department leaders, etc… ****

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The tension of balancing outcomes

To lower cost:

Increase productivity

But that can affect:

Patient experience

Heath outcomes

Team morale & burnout

Balance your metrics

- Each area of the quintuple aim should have both - -
  - **Outcome measures** that describe high level goals and are often longer-term in nature, and;
  - **Predictive measures** (aka process measures) appropriate for near real-time monitoring and taking corrective action
- Examples
  - Patient Experience:
    - **Outcome measure**: Overall patient satisfaction
    - **Predictive measure**: 3rd next available (existing patients)
  - Cost:
    - **Outcome measure**: Net income
    - **Predictive measure**: Productivity

Build a dashboard

- Don’t wait for perfect metrics and reports
  - Start with consistent, regular reviews
    - Create accountability for progress toward targets
      - Agree on source data report at the outset. Verify accuracy
        - Keep it simple. Minimize manual massaging
- Cascading dashboards
  - Board & Committees
  - Executive Team
  - Clinic Operations Team
  - Care Team

PERFORMANCE REPORTING & DASHBOARDS

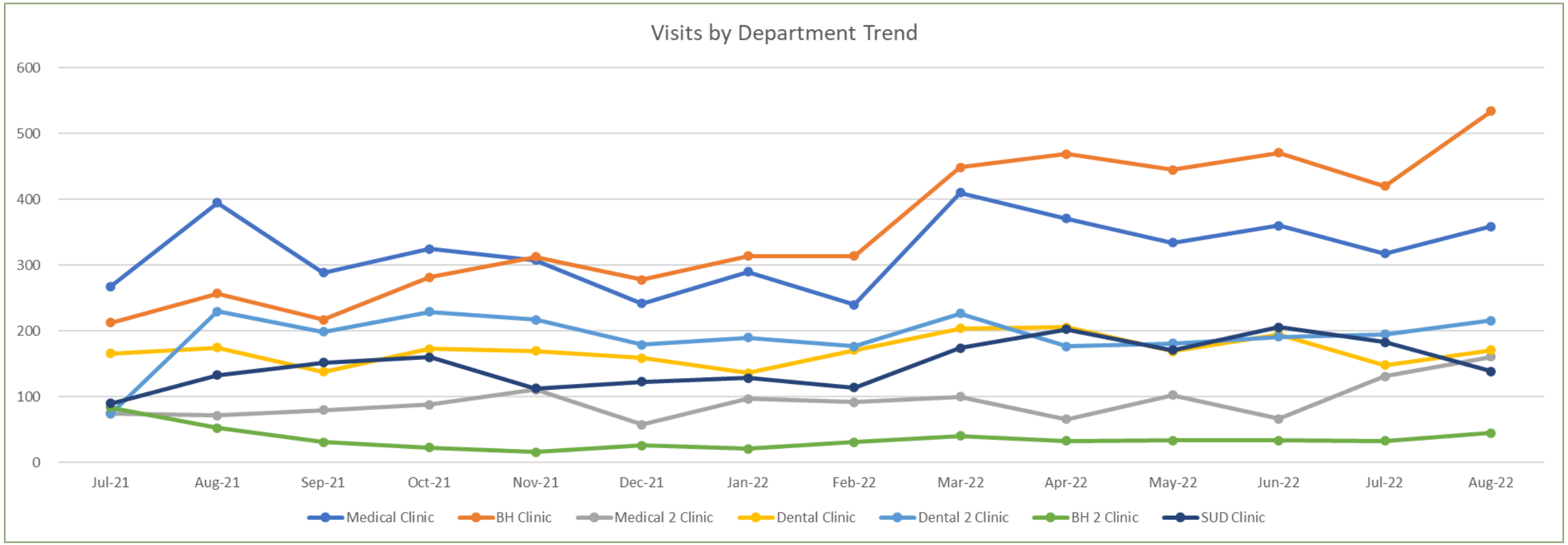
FINANCIAL KPI MEASURES - examples

- Total visits
- Gross vs Net days in Accounts Receivable
- Days cash on hand (goal of ≥ 120)
- Revenue and cost per visit
- Avg charge per visit / avg collections per visit
- Payer mix

PERFORMANCE REPORTING & DASHBOARDS

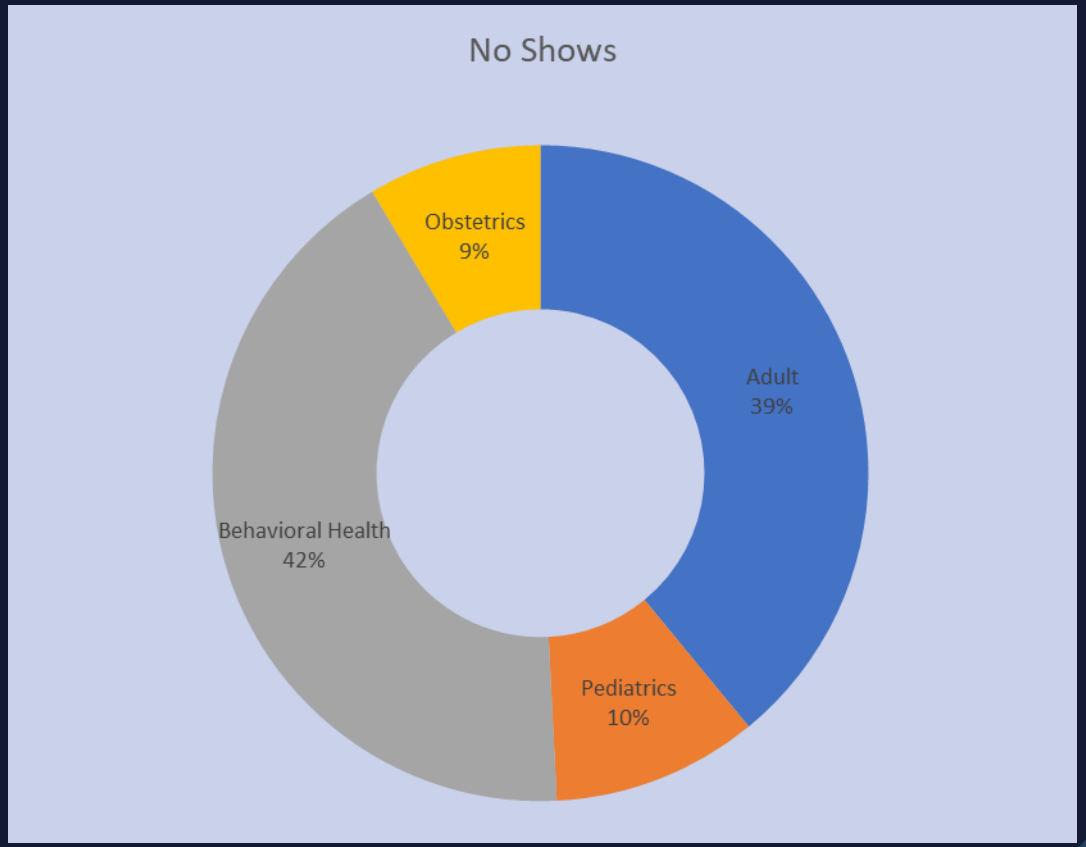
CLINICAL KPI MEASURES - examples

- Provider capacity & fill rates (review schedule)
- No shows & cancellations
- Productivity by provider type & location
- Staff ratios (ex: MA’s to physicians)
- New patients (due to longer initial exam)
- HEDIS/quality measures related to value-based compensation models



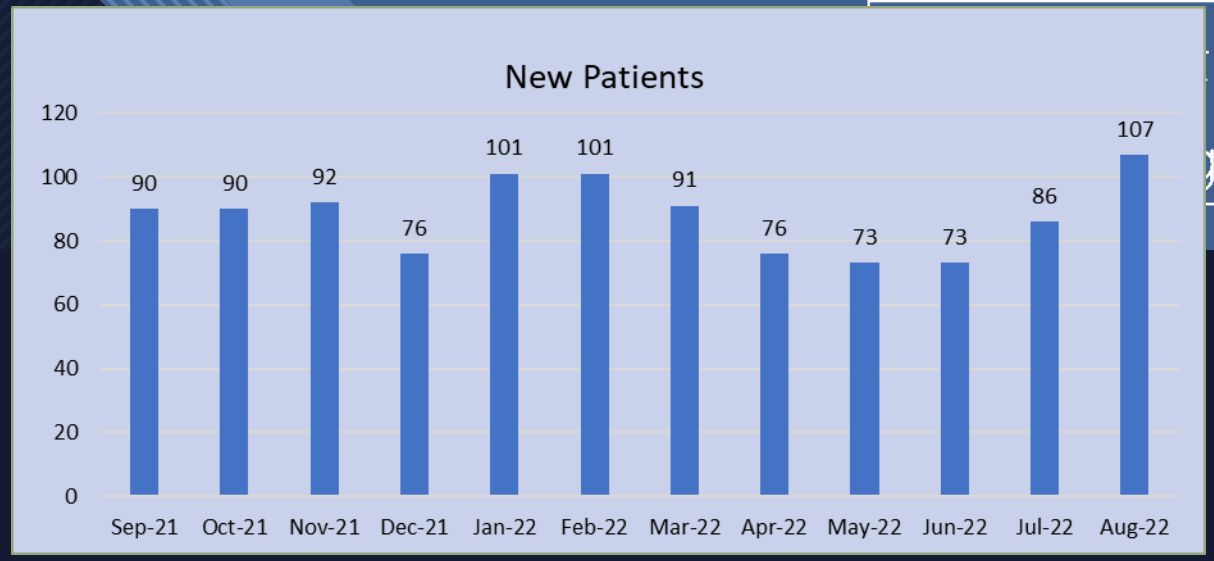
Clinical Measures

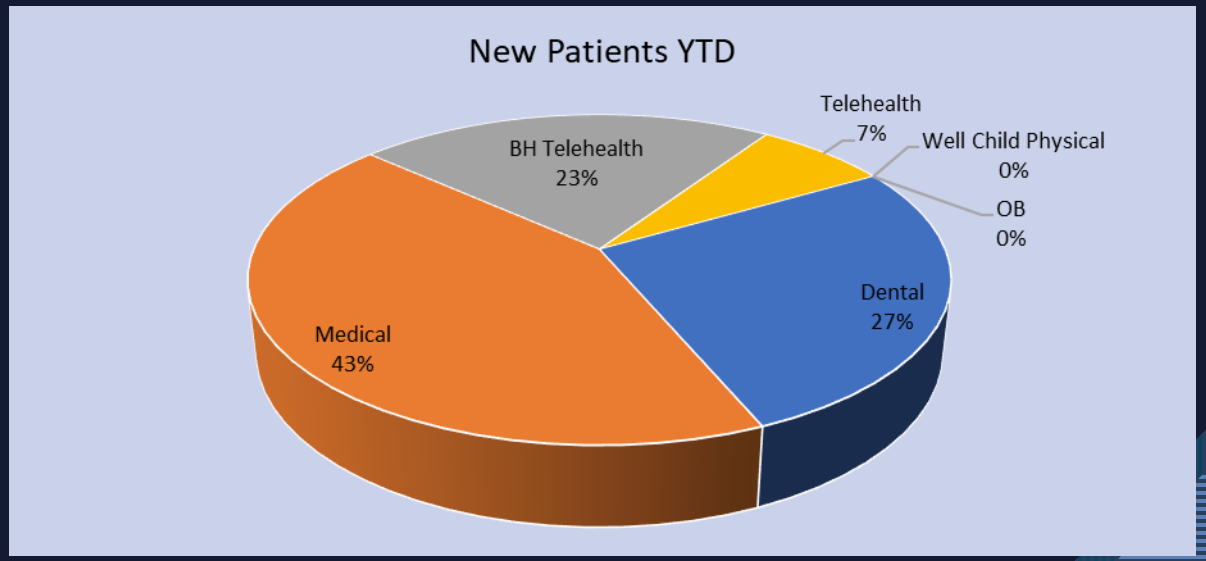
- No Shows
  - No Shows by Service Line
  - No Shows by Provider
  - Reasons for No Shows
- Cancellations
  - Cancellations by Service Line
  - Cancellations by Provider
  - Cancellations by Site
  - *Make sure cancellations within 24 hours are tracked accordingly*



Clinical Measures

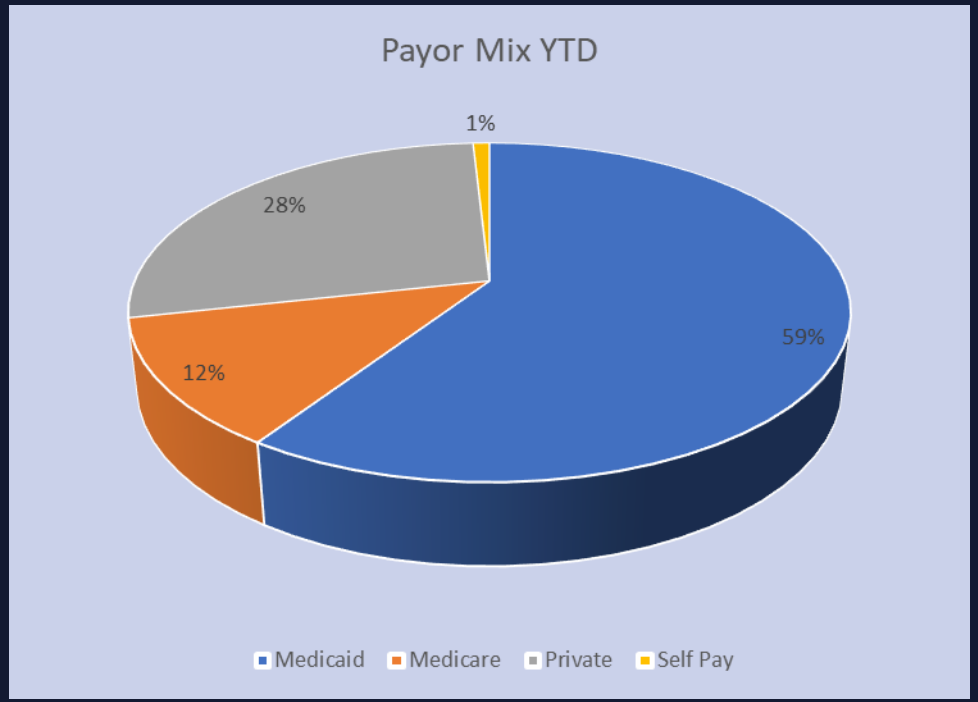
- New Patients
  - New Patient Trend
  - New Patients by Provider
  - New Patients aligned with Charges?
  - New Patient Access





Clinical Measures

- Provider Capacity
  - Fill Rates (Total Booked Slots / Total available Schedule Slots)
  - Patient Access – **Third Next Available Report**
- Payer Mix
  - Visits by Financial Class (Payer Type)
    - Medicaid
    - Medicare
    - Private/Commercial Insurance
    - Self-Pay
  - Payer Mix by Service Line

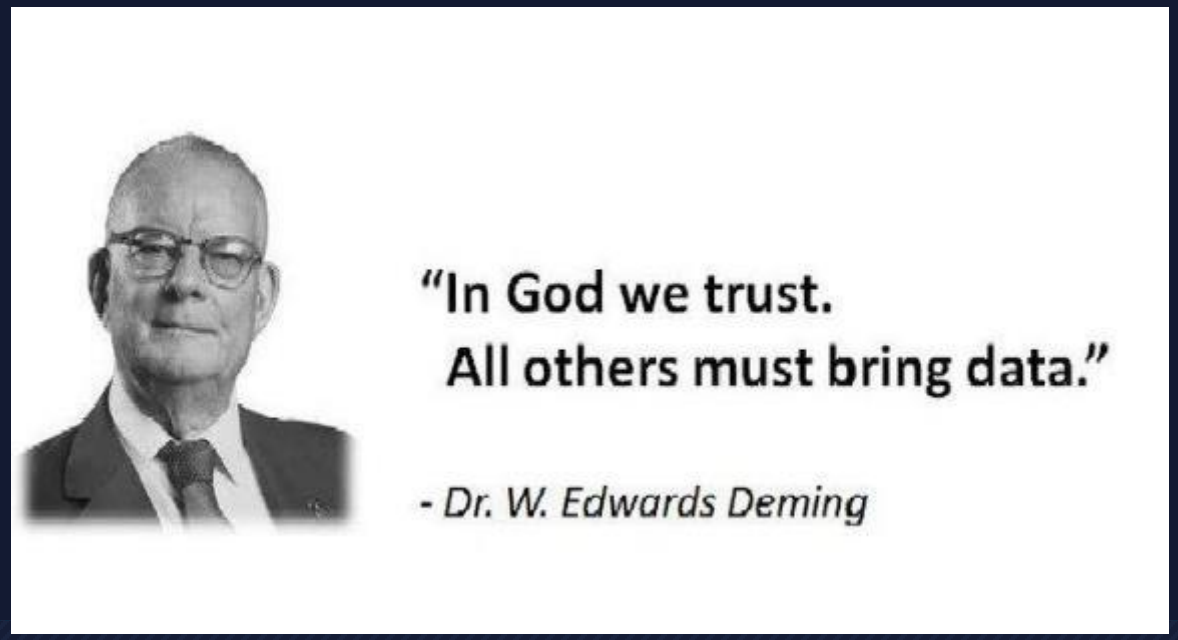


Clinical & Non-Clinical Measures

- Clinical - Other possible tracking measures
  - E&M Code Distribution (New patients and established patients: 99x0x vs 99x1x)
  - Visit Types (Appointment Types)
  - Provider Lag Times - Locked Encounters

- Non-clinical / Operational – Possible tracking measures
  - Denials
  - Claim Touch Frequency
  - Biller Productivity - - define
  - Front Office Productivity - - define

What is Data Driven Decision Making (DDDM)?



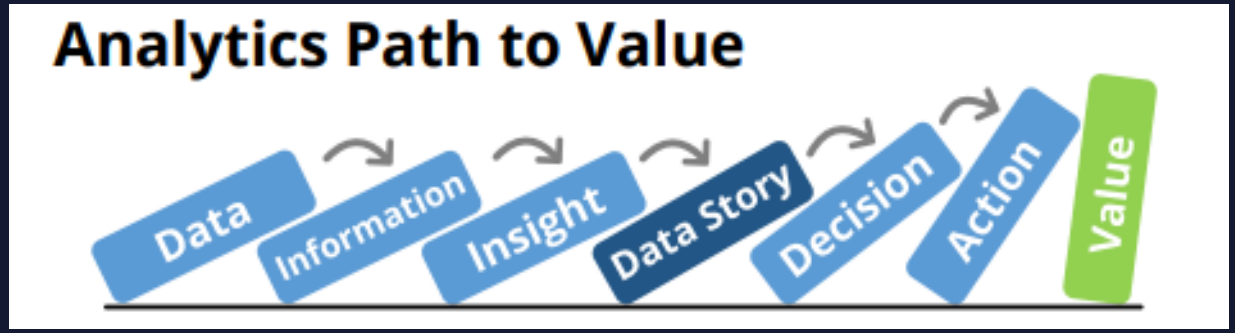
- DDDM is defined as using facts, metrics, and data to guide strategic business decisions to align your goals, objectives, and initiatives.
- DDDM encourages critical thinking and curiosity within the organization.
- CEO's have exposure to much of the data that defines how their health center operates.**

Data Story telling defined: “The process of intentionally communicating insights using data through narratives and visuals”

Why does this matter?

- Data is a part of every organization, but few know what to do with it.
- The right story to the right audience inspires action
- Encourages data driven decision making

Elements of data story telling



How do you get there?

- Demonstrate data driven decision making at the executive level
- Make sure you have the right people in the right seats
- Allocate training resources dedicated to data tools
- Ask questions that help encourage curiosity in the organization
- Define success through data milestones

Benchmarking

- Can be applicable for clinical & non-clinical measures
- Use benchmarks based on Budgeted visits
- Provider benchmarks can utilize historical visits
- Other data sources when benchmarking providers
  - UDS Data
  - Medical Group Management Association
  - State Medicaid agencies
  - State and Regional Primary Care Associations
- Create milestones
- Move your target if reasonable

What's on your dashboard?

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Create your scorecard

- You’re stuck on an island
- You can’t communicate with any of your team
  - Each week, a plane drops off a sheet of paper with numbers on it
  - Those numbers tell you exactly how the business is doing so that you can send back advice each week
- What would those numbers be for your health center?
- Take 3 or 4 minutes to write down the numbers you think must be on the scorecard
- Share out

Improving Care Delivery

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Common operational challenges

- Productivity lower than needed or expected
- Clinical staffing shortages
- Clinic staff burnout and overwork (during a shift and/or for Inbox management and charting)
- Patient access challenges (new and/or existing)
- Suboptimal patient experience with scheduling (long delays “on hold”)
- High “no show” rate
- Unpredictable clinic schedule

Common operational challenges

- EHR does not support efficient workflows
- Staff feeling unsafe due to patient behavior
- Poor quality measure performance due to staff not following procedures
- Variable patient experience
- Inefficient workflows (e.g., immunization visits)
- Patients not coming in for scheduled follow-up care

Staying connected to multi-site clinical operations

- Goals:
  - Be visible! Everyone on the exec team needs to get out of their office
  - Avoid an “us versus them” mentality (administration versus clinical staff)
  - Demonstrate interest in strategic priorities and mission achievement
  - Encourage all levels of leadership to stay connected to staff and patients
- Have regular, structured rounding
  - Visits to sites focused on conversations with staff, relationship building, recognizing success, showing gratitude, learning about practices to spread, and identifying obstacles
  - Schedule read-outs of rounding work during executive team meetings

Group Discussion

Identify a real-life operational challenge at your CHC . . .

Operational Challenge Design Clinic: Small Group Discussion Format

Roles:

- *Presenter* (1): brings a problem to discuss
- *Group members* (3-4): help solve the problem
- *Facilitator* (1): keeps the group on task and time

Steps:

1. "**Could you help me…":** Presenter asks for help related to an operational challenge in their ongoing/upcoming work, with brief context/background to provide a framework. (~2 mins)
2. "**Share more about**…": Group inquires about the context/circumstances surrounding the question - - clarifying.
   - Note: group members should refrain from offering advice.
   - Note: At the end of this step, the facilitator asks if the presenter wants to share additional context. (~6-8 mins)

Operational Challenge Design Clinic: Small Group Discussion Format

3. "**This makes me think of**…": Group members share experiences and stories that this challenge makes them think about, related to work or broader life experiences.
   - Note: presenter listens quietly during this time. (~6-8 mins)

4. "**You might try**…": Group members provide suggestions about possible next steps to move the work forward.
   - Note: presenter is still listening quietly. (~6-8 mins)

5. "**What struck me**…": Presenter shares briefly about the most notable, interesting, and/or useful aspects of the discussion. (~2 mins)

Promising practices to improve operations

- AI scribing
- Two-way messaging with patients for scheduling / self-scheduling
- Online check-in
- AI-enabled no-show prediction/reduction
- Team-based care
- Upskilling MAs and support staff
- Integrated behavioral health
- Advanced data analytics for population health

Organizational Design

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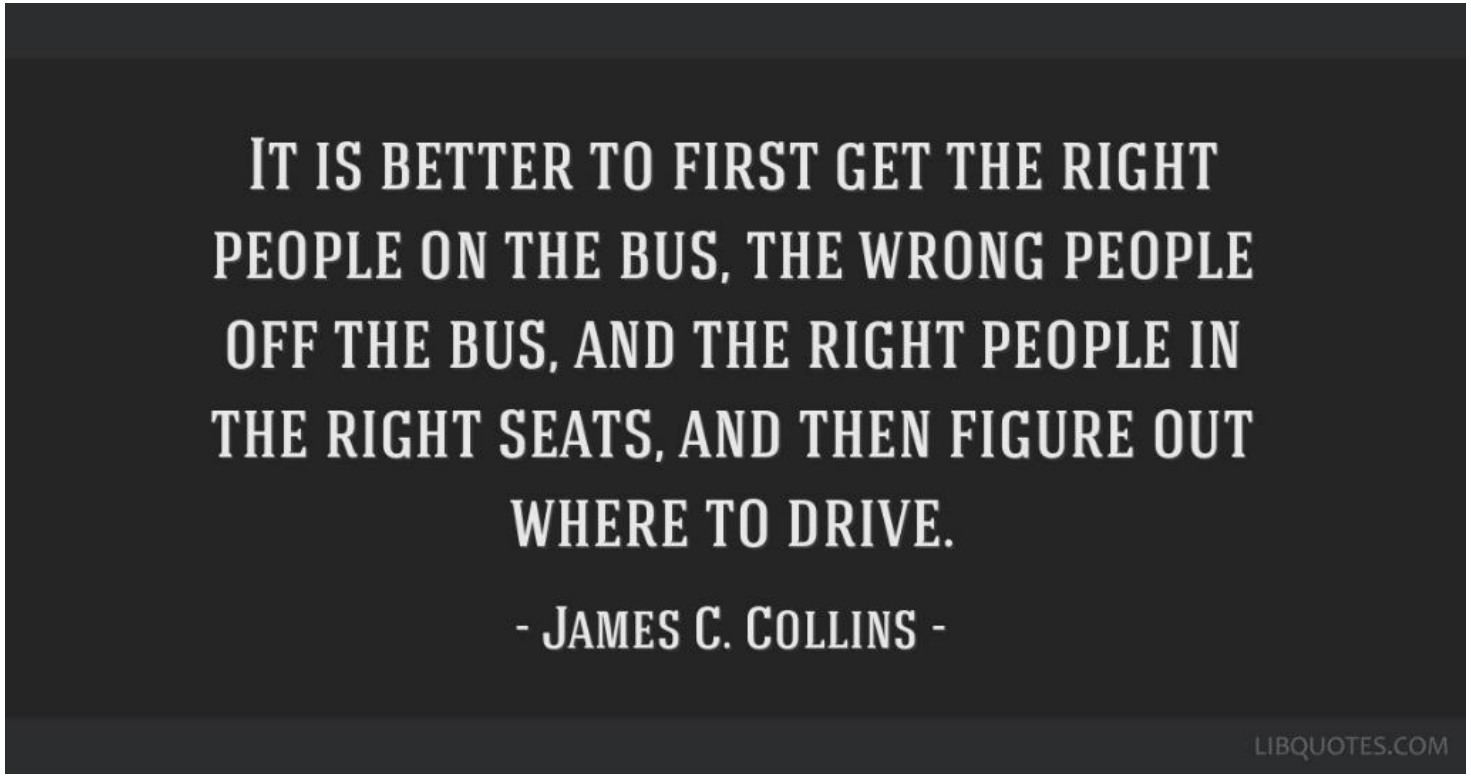
Right People, Right Seats



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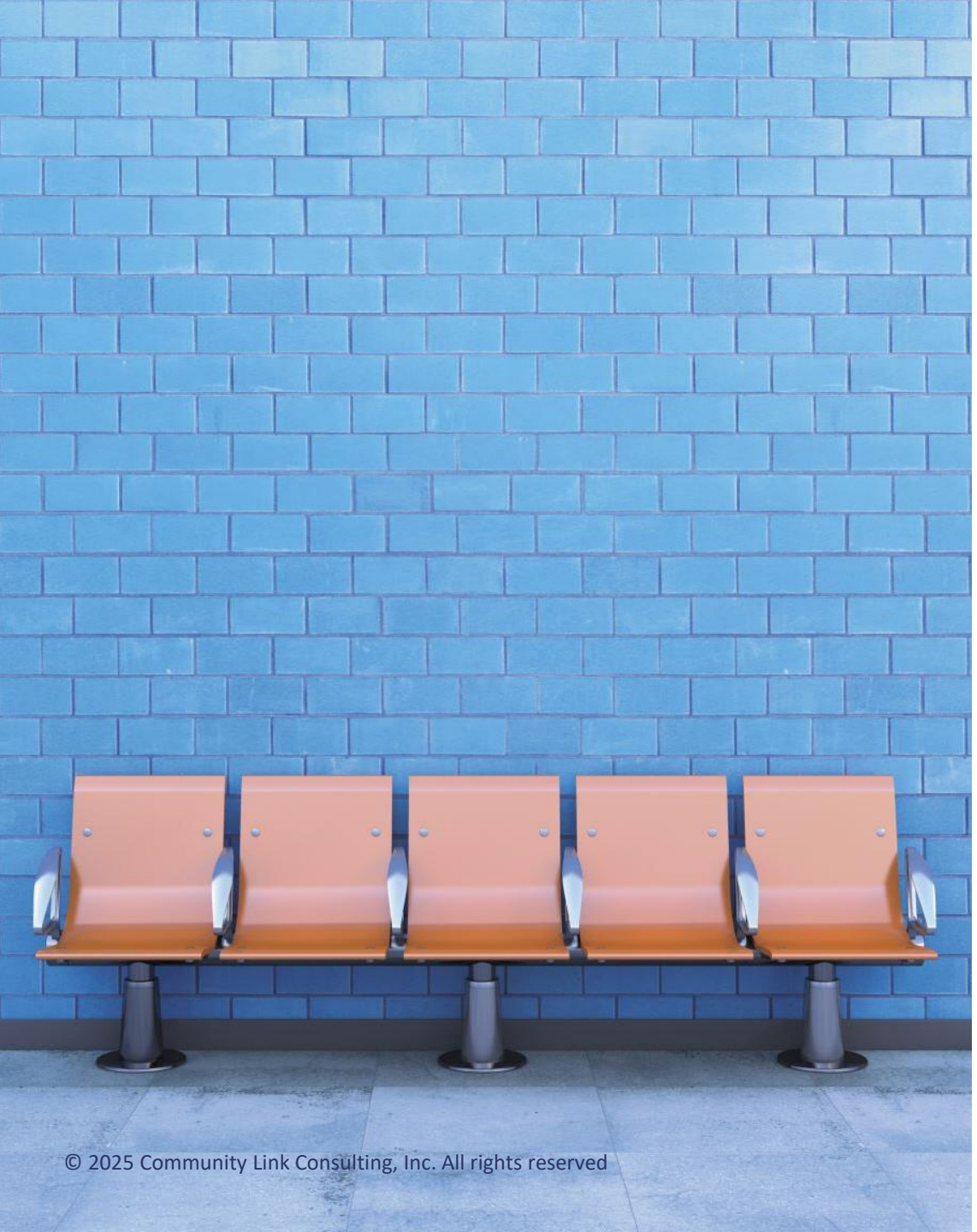

Right People, Right Seats

- Getting the right people in the right seats is CRUCIAL for success
- Definitions:
  - Right people - share your organization's core values
  - Wrong people – do not share or exhibit company's core values
    - Hanging on to a wrong person too long is toxic to the culture
  - Right seat – each person must:
    - Get It
    - Want It
    - Have Capacity To Do It

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Considerations for this arena:

- Overall organizational design
  - Map both individuals and teams
- Defining roles and responsibilities – clarity and accountability
  - Job descriptions match org chart intention
  - RACI (or similar) when needed to clarify complex overlaps and create a single accountable leader
- Succession planning
- Recruiting – which venues are proving most successful?
- Participation in job shadow, apprenticeship, & residency programs
- Utilization of National Health Service Corps opportunities

Operational oversight options

- Clinical supervision of providers vs. operational reporting structure
  - *What has been the experience of group members?*
- Clinic/site leader as administrator, manager, or director
  - *When group members have seen this implemented successfully, what have been the incumbent's experience and education?*

The primary goal of the HR department is to attract, hire, retain, and develop employees

- Many positions critical to CHCs are very hard to find
- More and more CHC HRs are creating their own job shadow programs, apprenticeships, residencies, and robust internal training and advancement pathways

Filling the Clinical Staff pipeline

Position	CHC Training Options	Target Participants	Support Options
MAs and DAs	Apprenticeships		Various PCAs
	Pre-Apprenticeship	High schoolers considering post-graduation plans	
PA, NP, MD/DO Resident	Rotations		
NPs	Residencies (1 year)	New NP graduates	NP Residency Training Program (NPRTP)
DOs and MDs	Residencies (3 year)		
Dentists	Residencies (1 year)		

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Questions?