Addressing COVID-19's Impact on Health Centers' Finance and Operations and Response Planning for Future COVID-19 Outbreaks and Other Emergencies

Session 4: Productivity Issues

May 11, 2022

Housekeeping

- All participants muted upon entry
- Cameras on (if possible)
- Engage in chat
- Participate in Poll Questions on Mentimeter
- Raise hand if you would like to unmute
- Session is being recorded
- Slides and recording link will be sent via email within a week after session

Agenda

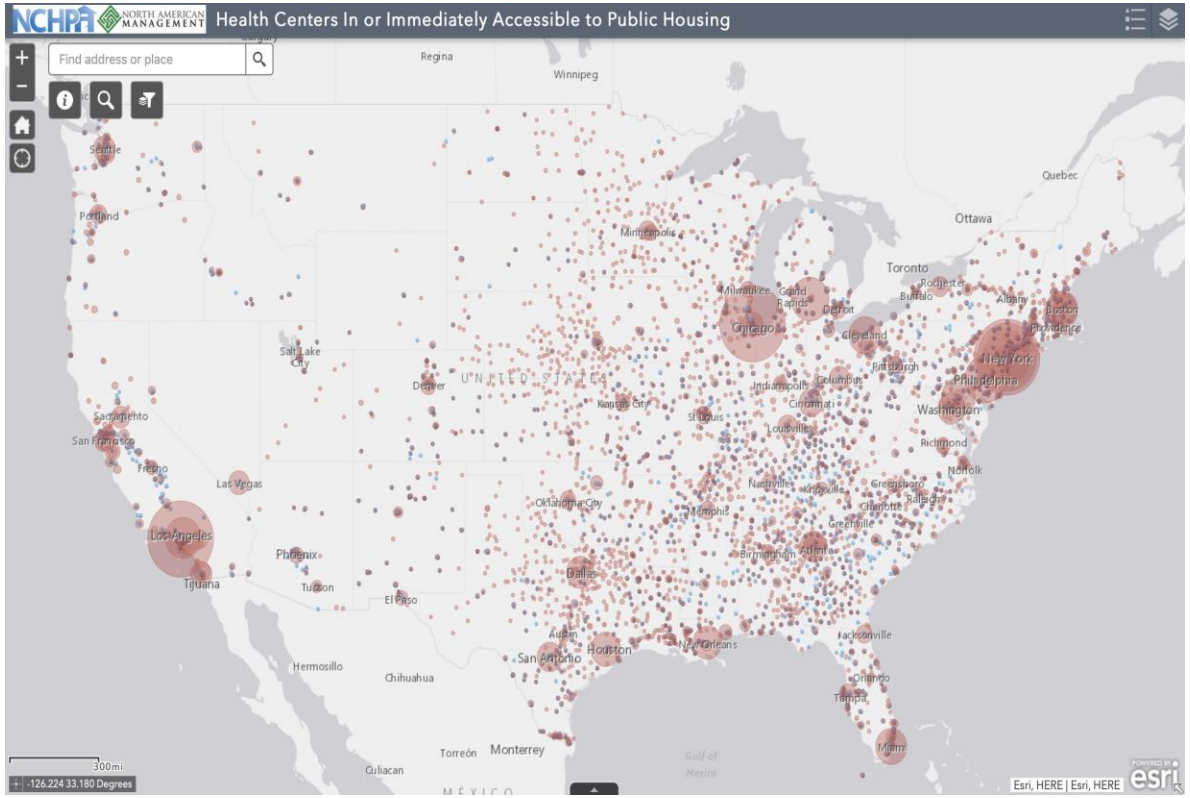
- Office Hours
- NCHPH Introduction
- Mentimeter icebreakers
- Presentation – David Wagner
- Q & A

National Center for Health in Public Housing

- The National Center for Health in Public Housing (NCHPH), a project of North American Management, is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U30CS09734, a National Training and Technical Assistance Partner (NTTAP) for $2,006,400, and is 100% financed by this grant. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
- The mission of the National Center for Health in Public Housing (NCHPH) is to strengthen the capacity of federally funded Public Housing Primary Care (PHPC) health centers and other health center grantees by providing training and a range of technical assistance.

Health Centers close to Public Housing

- 1,375 Federally Qualified Health Centers (FQHC) = 28.5 million patients
- 435 FQHCs In or Immediately Accessible to Public Housing = 5.1 million patients
- 107 Public Housing Primary Care (PHPC) = 866,851 patients



Source: [2020 National Health Center Data]

Where are you joining us from?

- Pin on image on Mentimeter

Your Introductions

- Name
- Title/role
- Organization
- Why did you decide to attend this session?

Panelists

Bob Burns, MPA

Director, National Center for Health in Public Housing

Mr. David Wagner MURP, MHCM, CPME

Management Consultant, FQHC Consultants

Addressing COVID-19's Impact on Health Centers' Finance and Operations

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Addressing COVID-19's Impact on Health Centers' Finance and Operations:

Productivity Issues

National Center for Health in Public Housing

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What Will We Explore In This Series?

- Survey the effects of COVID-19 on Finance, Operations, and Staffing in FQHCs and RHCs
- Identify factors experienced by member health center
- Formulate a response plan to any future COVID-19 outbreaks and other emergencies

Take-Aways for This Series…

- I will understand how COVID-19 affected health centers across finance, operations, and staffing.
- I will know how to identify the impacts of COVID-19 in these areas on my health center
- I will start to formulate a response plan so my health center can weather a future COVID-19 outbreak and other emergencies

What Will We Explore In Today's Session?

Productivity Issues

- Survey the effects of COVID-19 on productivity in FQHCs and RHCs
- Identify factors experienced by member health center
- Formulate a response plan to any future COVID-19 outbreaks and other emergencies

What Take-Aways Will I have today?

Productivity Issues

- I will understand how COVID-19 affected health center productivity
- I will know how to identify the productivity impacts of COVID-19 (or other emergencies) on my health center
- I will start to formulate the productivity section of my response plan so my health center can weather a future COVID-19 outbreak and other emergencies

Productivity General Definition

AAFP defines productivity as *“a measure of a physician’s work or output.”*

Productivity CMS Definition

The current productivity standards require 4,200 visits per full-time equivalent physician and 2,100 visits per full-time equivalent non-physician practitioner.

https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R220BP.pdf

What is an “FTE”

“1.0 FTE” is defined as being the equivalent of one person working full-time for one year.

https://bphc.hrsa.gov/sites/default/files/bphc/datareporting/reporting/2021-table-5-fact-sheet.pdf

What is full-time?

FTEs are calculated based on paid hours as a percentage of full-time hours for employees (e.g. 2,080 hours/year or 1,820 hours/year).

https://bphc.hrsa.gov/sites/default/files/bphc/datareporting/reporting/2021-table-5-fact-sheet.pdf

What is Table 5?

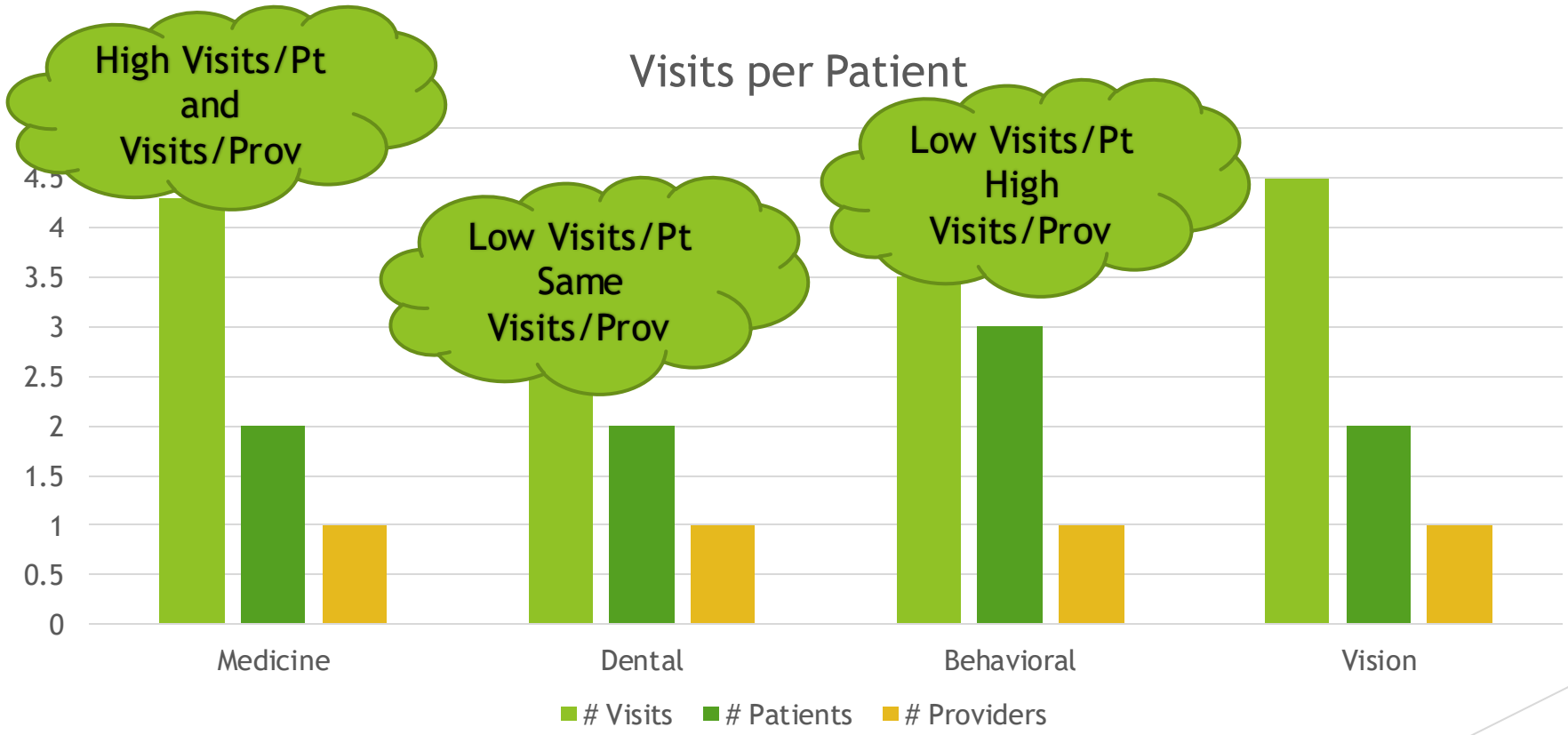
Table 5: Staffing and Utilization

In Column c, report the number of patients seen for clinic or virtual MH and/or SUD services for each type of provider listed.

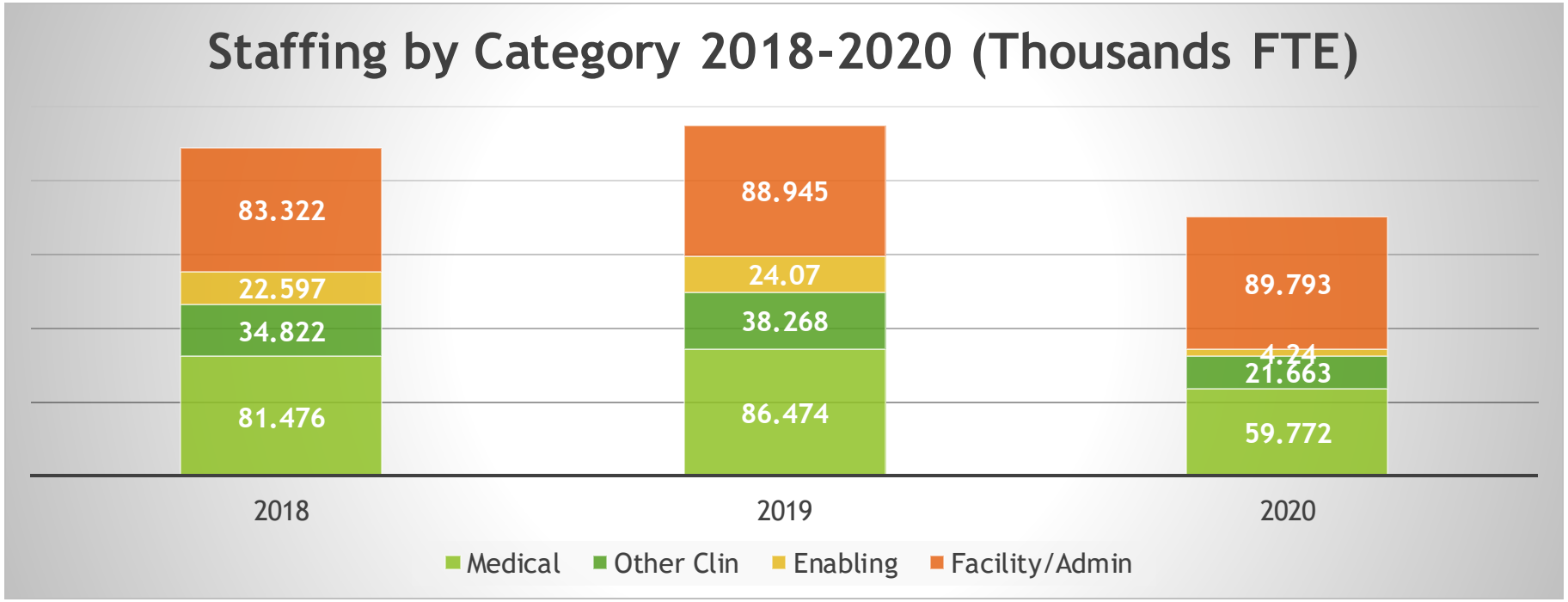
SELECTED SERVICE DETAIL ADDENDUM					
Line	Mental Health Service Detail	Personnel (a1)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
20a01	Physicians (other than Psychiatrists)				
20a02	Nurse Practitioners				
20a03	Physician Assistants				
20a04	Certified Nurse Midwives				

https://bphc.hrsa.gov/sites/default/files/bphc/datareporting/reporting/2021-table-5-fact-sheet.pdf

Provider Productivity Concepts



Staffing by Category Trends 2018-2020



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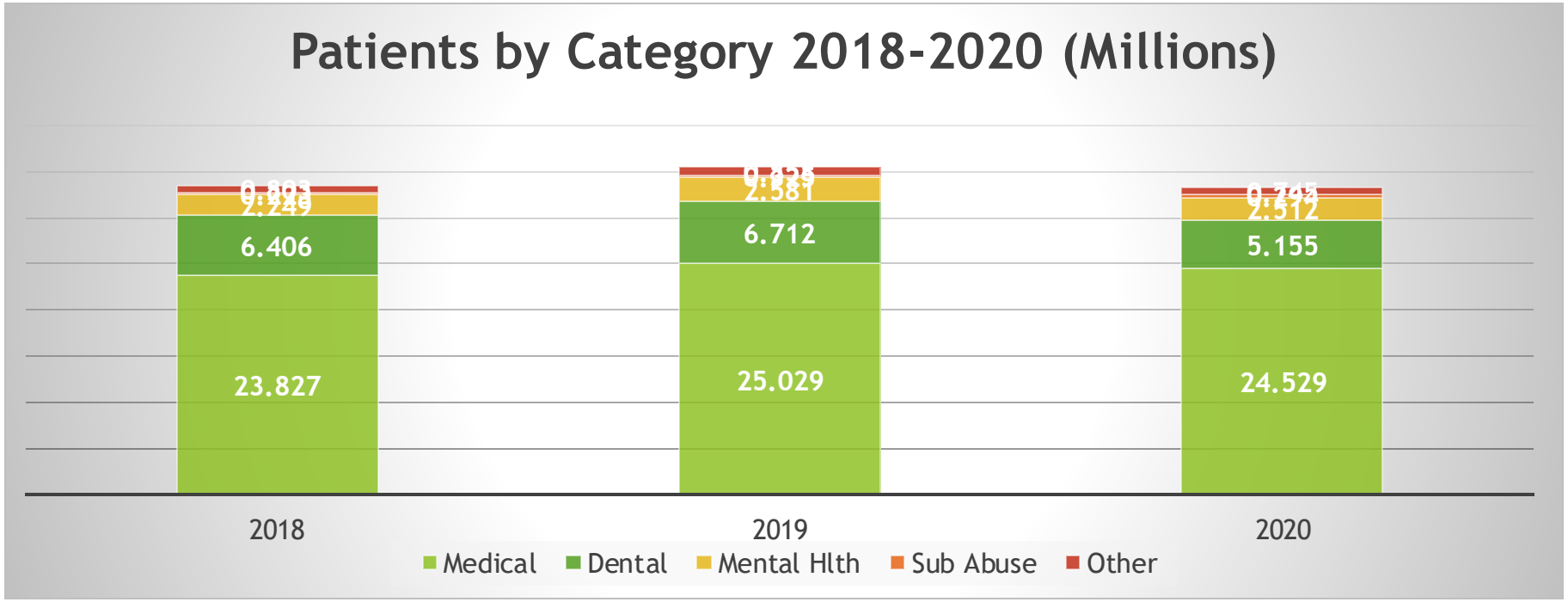
Patients by Category Trends 2018-2020



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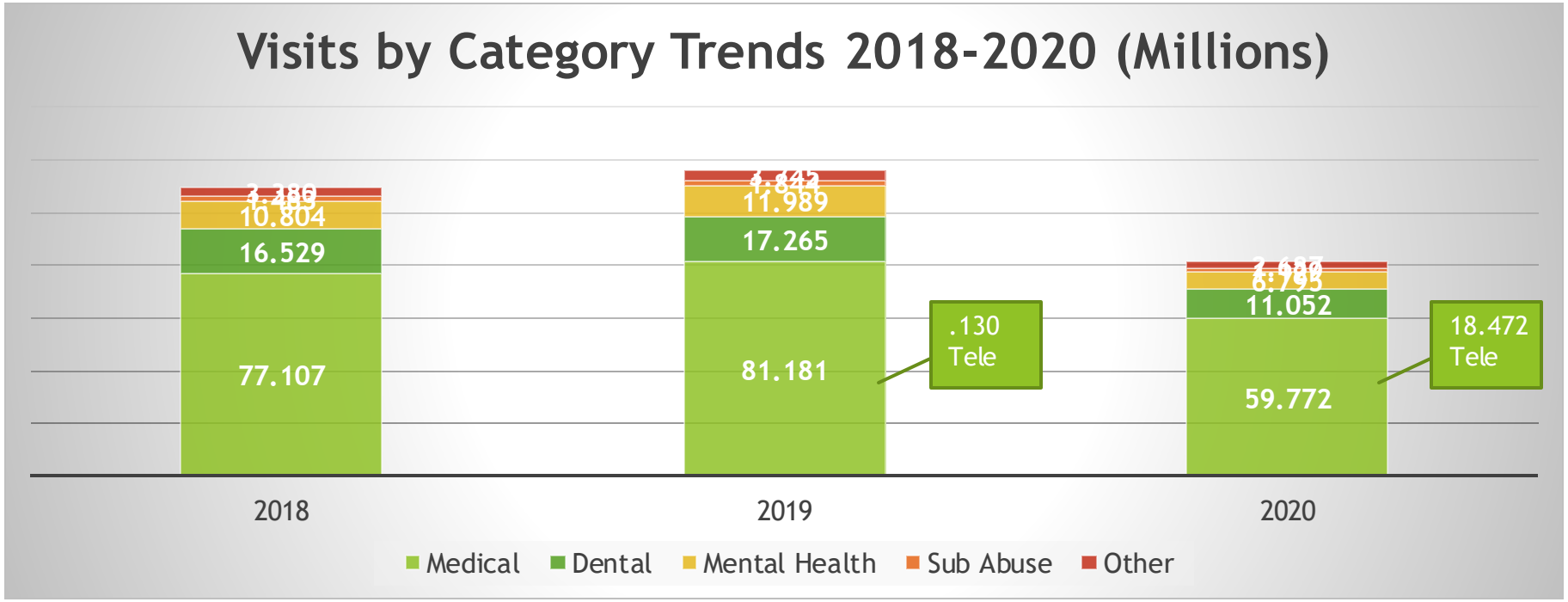
Visit Category Trends 2018-2020



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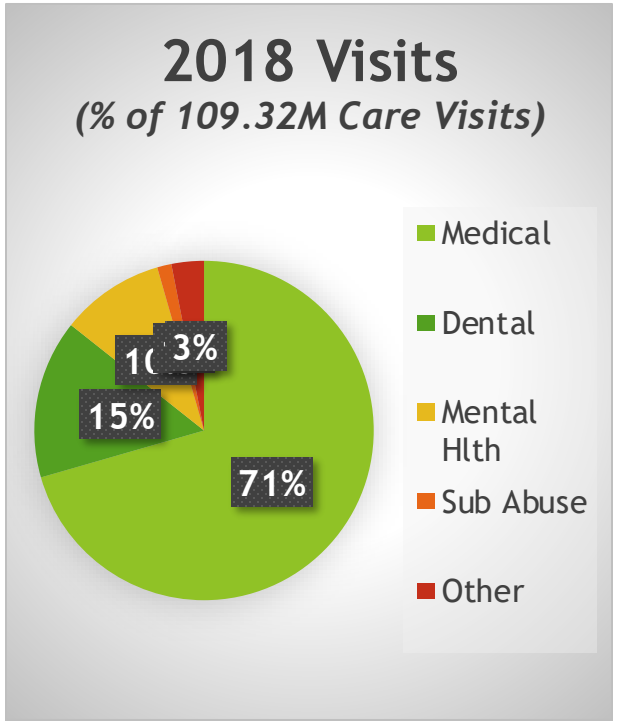
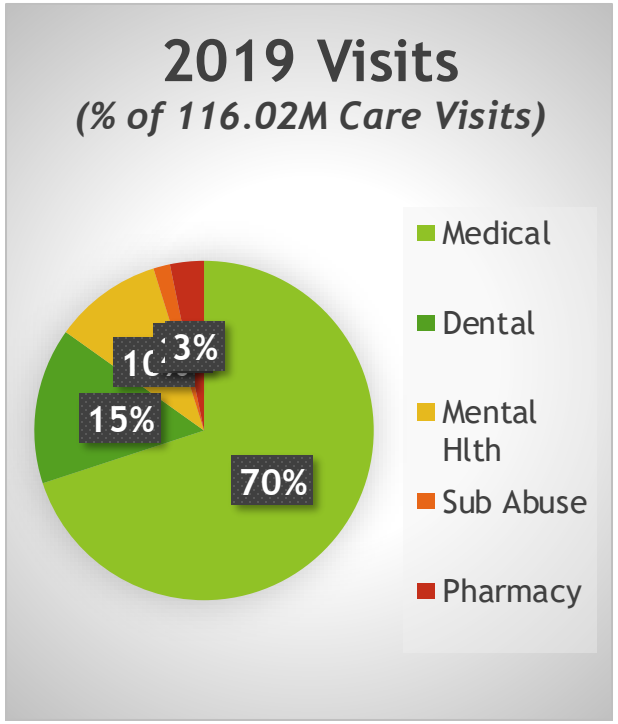
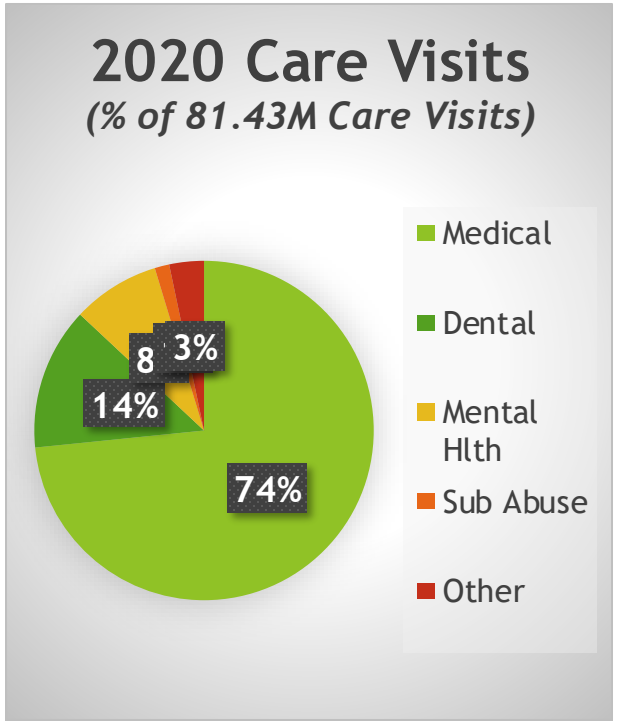
Visit Category Trends (% of Total Care Visits) 2018-2020







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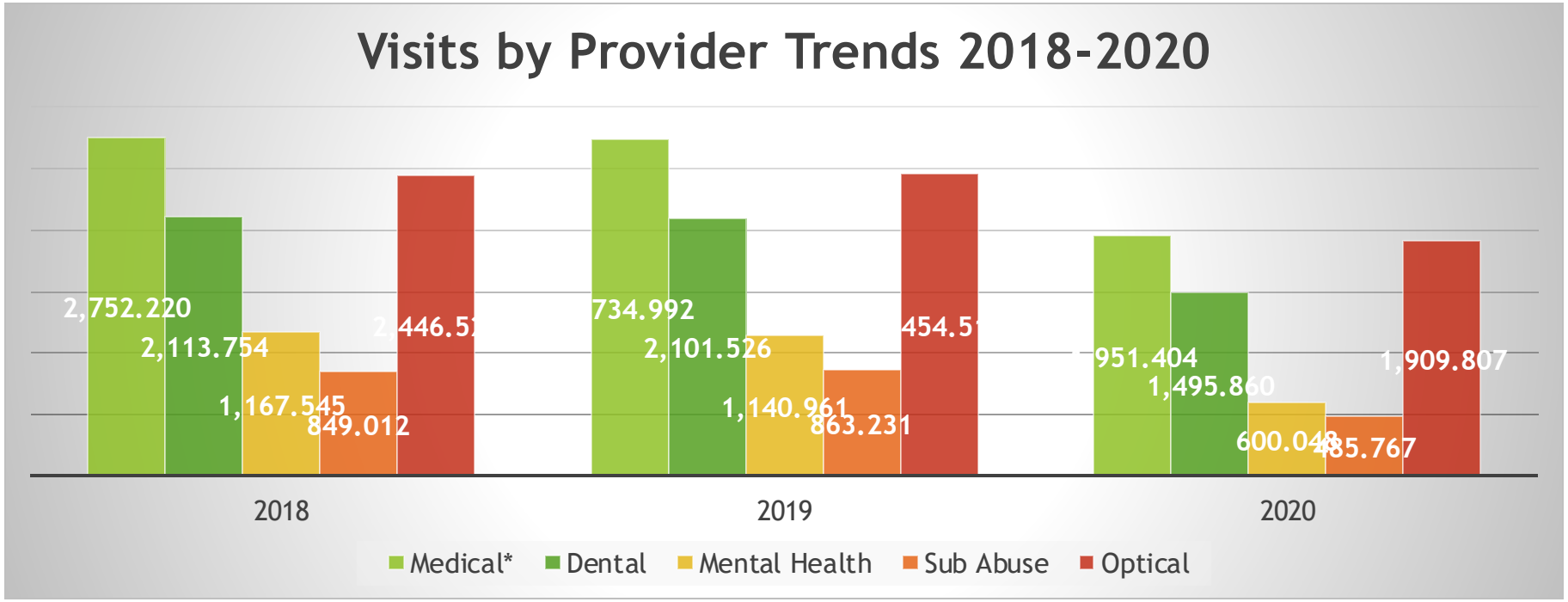
Face to Face Visits/Provider Trends



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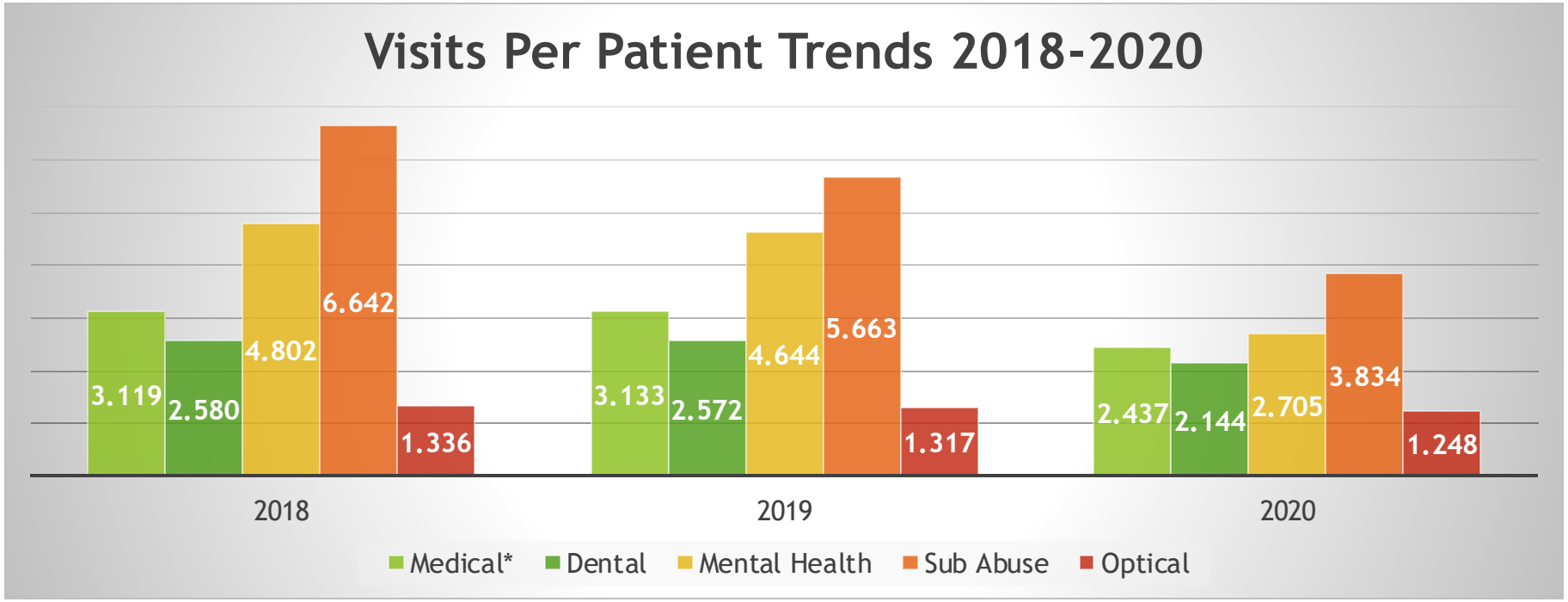
Visits Per Patient Trends (Face to Face)



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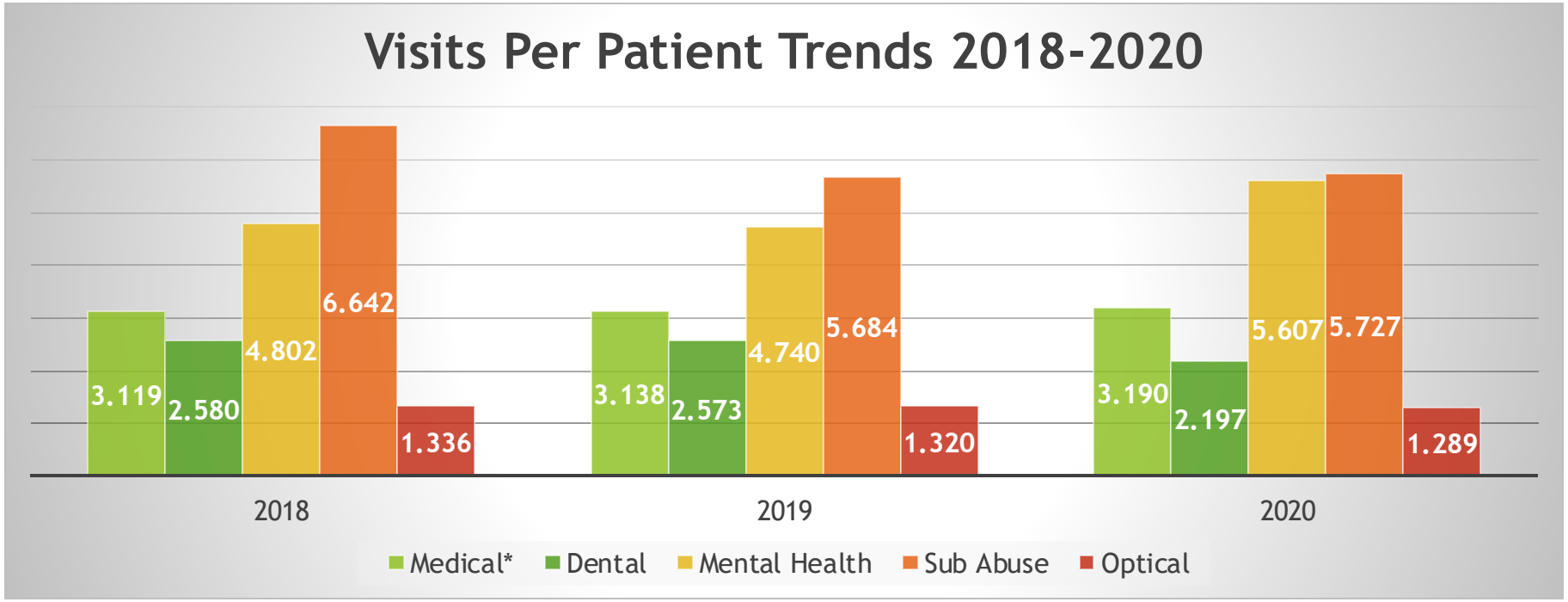
Visits Per Patient Trends (Total)



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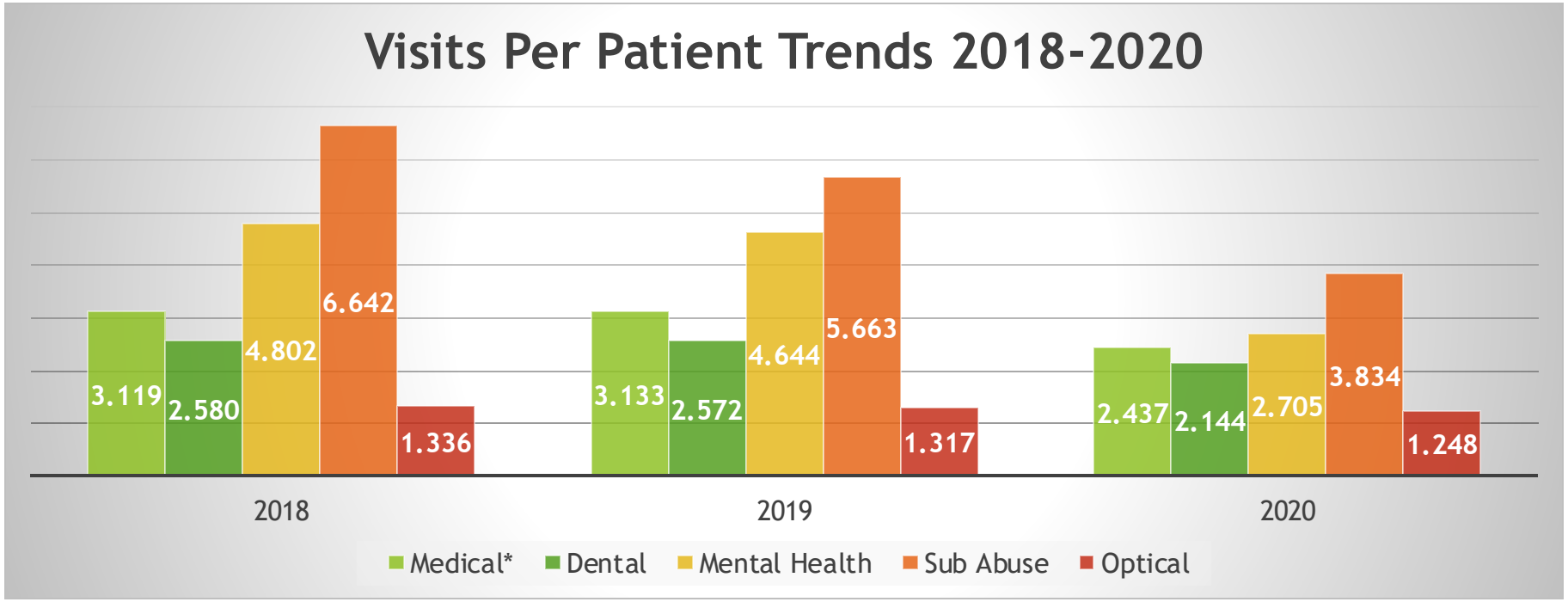
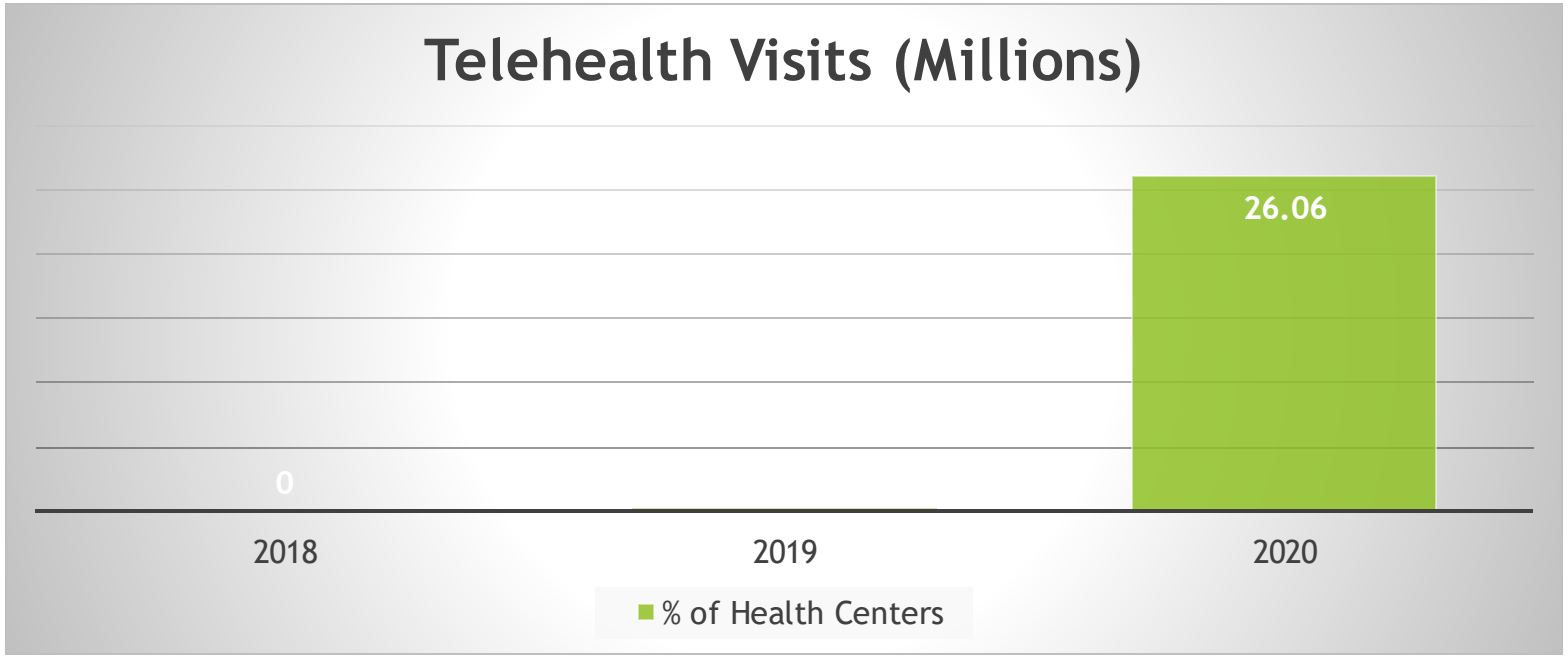
Visits Per Patient Trends (Virtual)



https://data.hrsa.gov/tools/data-reporting/program-data/national/table?tableName=5&year=xxxx

Telehealth Visits



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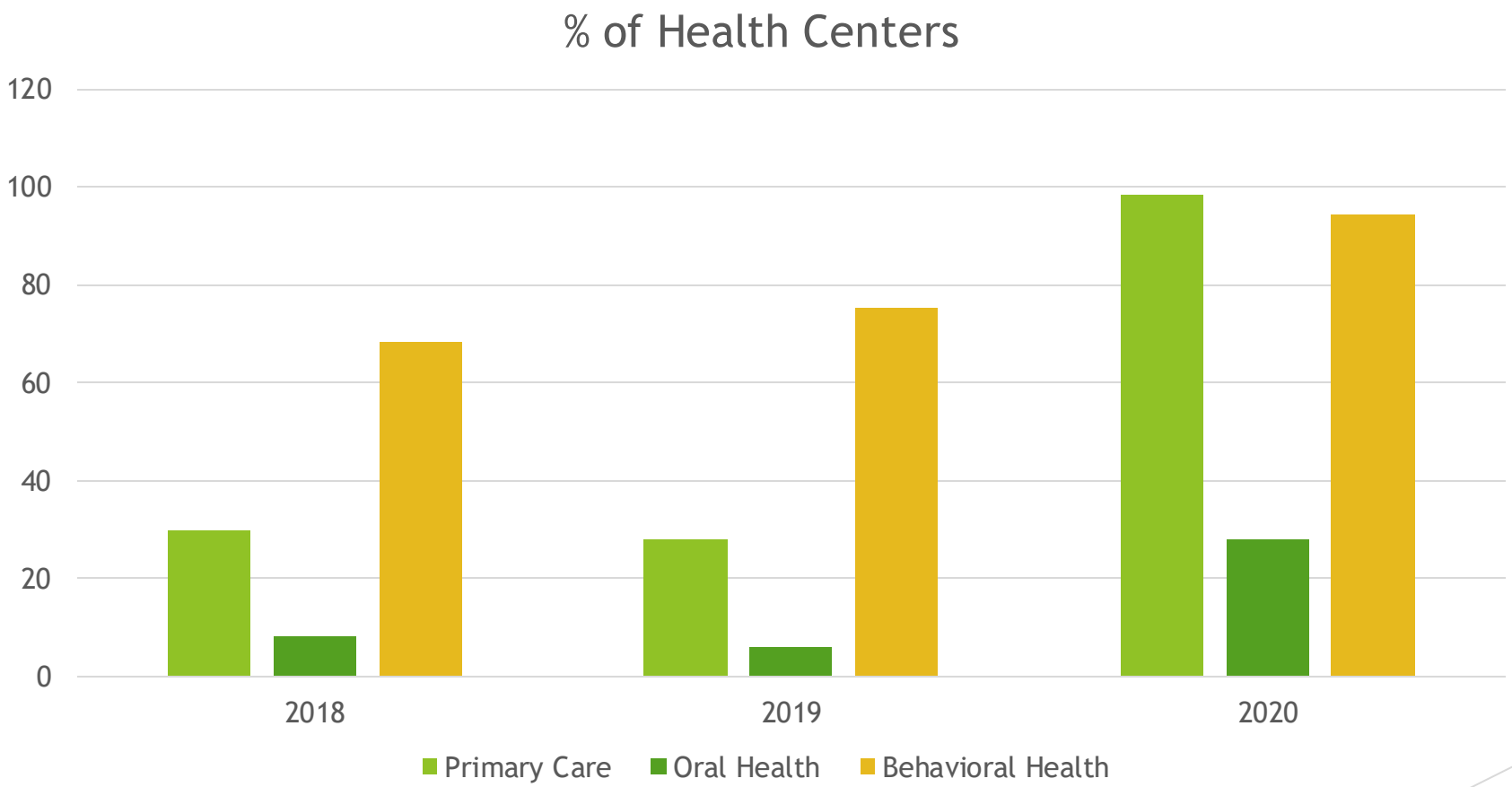
Type of Visits - Telehealth



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Impacts of COVID on Health Center Productivity:

- Overall, Productivity Dropped
  - Dropped in Face-to-Face Visits
- Types of visits changed
- Some services could not be delivered

CMS Telehealth Reimbursement

TYPE OF SERVICE	WHAT IS THE SERVICE?	HCPCS/CPT CODE	Patient Relationship with Provider
MEDICARE TELEHEALTH VISITS	A visit with a provider that uses telecommunication systems between a provider and a patient.	Common telehealth services include: • 99201-99215 (Office or other outpatient visits) • G0425–G0427 (Telehealth consultations, emergency department or initial inpatient) • G0406–G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs) For a complete list: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes	For new* or established patients. *To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency
VIRTUAL CHECK-IN	A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient.	• HCPCS code G2012 • HCPCS code G2010	For established patients.
E-VISITS	A communication between a patient and their provider through an online patient portal.	• 99421 • 99422 • 99423 • G2061 • G2062 • G2063	For established patients.

Telehealth Visits

- The provider must use an interactive audio and video telecommunications system that permits real-time communication between the distant site and the patient at home.
  - NOTE: This is was allowable during the pandemic emergency under an 1135 waiver.

Virtual Check-Ins

- In all areas (not just rural), Medicare patients in their home may have a brief communication service with practitioners via a number of communication technology modalities including synchronous discussion over a telephone or exchange of information through video or image.

e-Visits

- In all types of locations including the patient's home, and in all areas (not just rural), Medicare patients may have non-face-to-face patient-initiated communications with their doctors without going to the doctor's office by using online patient portals.

Medicaid Telehealth Reimbursement

Current State Laws & Reimbursement Policies

Search by Filter | Search by Keyword

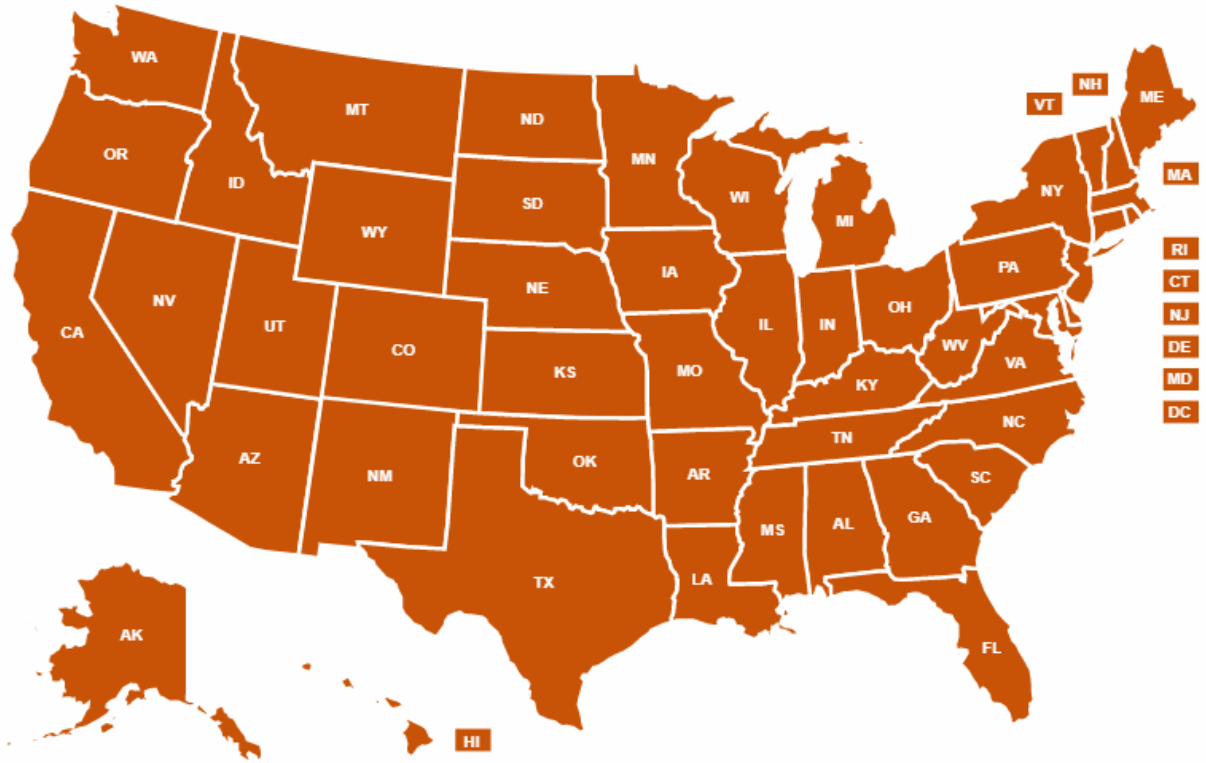
All 50 States & D.C.

Medicaid Telehealth Reimburs...

Medicaid: Live Video*

APPLY

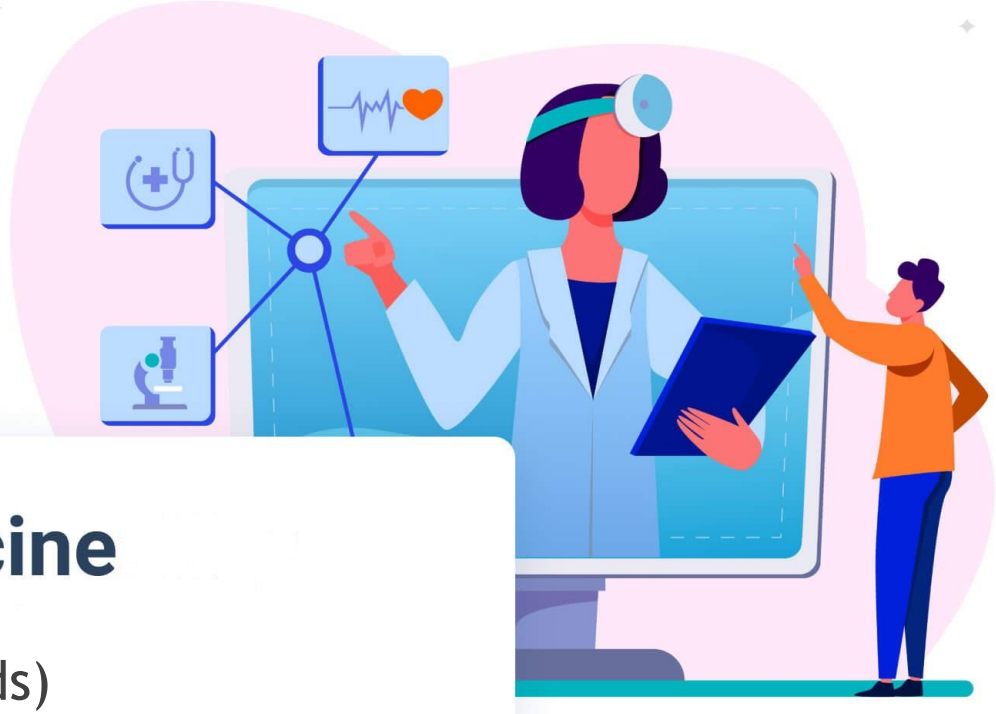
Data Last Updated Feb 29, 2020



Policy Exists/Explicitly Allowed No Policy Exists or Not Explicitly Allowed

*Key applicable only to topics indicated with an asterisk in drop down menu.

Center for Connected Health Policy
https://www.cchpca.org



Cost Of Telemedicine

- Technology (Both Ends)
- Service Contracts
- Maintenance/Support
- Productivity/Patient Satisfaction

Measure, Monitor, Maneuver, Maintain

System Rollup	Month Actual	Month Budget	Month Prior Year	Current Month Projection	Month Variance From Budget**	Fiscal YTD Actual	Fiscal YTD Budget/ Goals	Month Pr Yr Fiscal YTD	Fiscal YTD Variance**
Encounters									
Medical	0	3067	0	0	(3067)	23014	30667	0	(7653)
Dental	0	108	0	0	(108)	547	1083	0	(536)
Behavioral Health	0	10	0	0	(10)	535	104	0	431
Revenue/Expenditures									
Net Revenue	$ -	$ 1,330,309.00		+	$ (1,330,309.00)	$ -	$ 18,944,870.00	$ -	##############
Labor Cost	$ -	$ 473,524.00		-	$ (473,524.00)	$ -	$ 9,819,380.00	$ -	$ (9,819,380.00)
Direct Cost	$ -	$ 601,934.00		-	$ (601,934.00)	$ -	$ 12,395,894.00	$ -	##############
Net Operating Gain	$ -	$ 728,375.00		+	$ (728,375.00)	$ -	$ 6,548,975.00	$ -	$ (6,548,975.00)
Operating Metrics									
FTE Count	0.00	0.00		-	0.00	0.00	0.00		0.00
Labor Cost per Visit	#DIV/0!	$ 154.41		-	#DIV/0!	$ -	$ 320.20		$ (320.20)
Operating Costs per Visit	#DIV/0!	$ 196.28		-	#DIV/0!	$ -	$ 404.21		$ (404.21)
Reimbursement/Visit	#DIV/0!	$ 433.80				$ -	$ 617.77		
Accounts Receivable Metrics									
Days in A/R	128	45		-	83				
Collection Ratio	38%	50%		+	-12%				
Collectible Collx Ratio	73%	85%		+	-12%				
Days to Post	0.7	3		-	(2.3)				
Days to Bill	12	10		-	2				
Days to Adjudicate	22.4	30		-	(8)				
% A/R over 60	7%	7%		-	0%				
% A/R over 90	16%	23%		-	-7%				
% A/R over 120	47%	0%		-	47%				

What happened to your health center?

- Look at UDS Table 5 – Make Comparisons
  - By Month if Possible
  - Compare to Budget
  - Compare to Last Year
  - Compare to Nation
  - Compare to State/Local

What happened to your health center?

- Look at UDS Tables 5 - Counts
  - Patient Visits
  - Specific Visit Types
  - Service Lines
  - Locations
  - Individual Providers

What happened to your health center?

- Look at UDS Tables 5 - Productivity
  - Visits / Patient – Each Line
  - Visits / Patient – Each Provider
  - Visits / Patient – Each Location
  - Visits / Patient – Each Pod
  - Visits / Patient – Visit Type (e.g. Face to Face/eVisit)

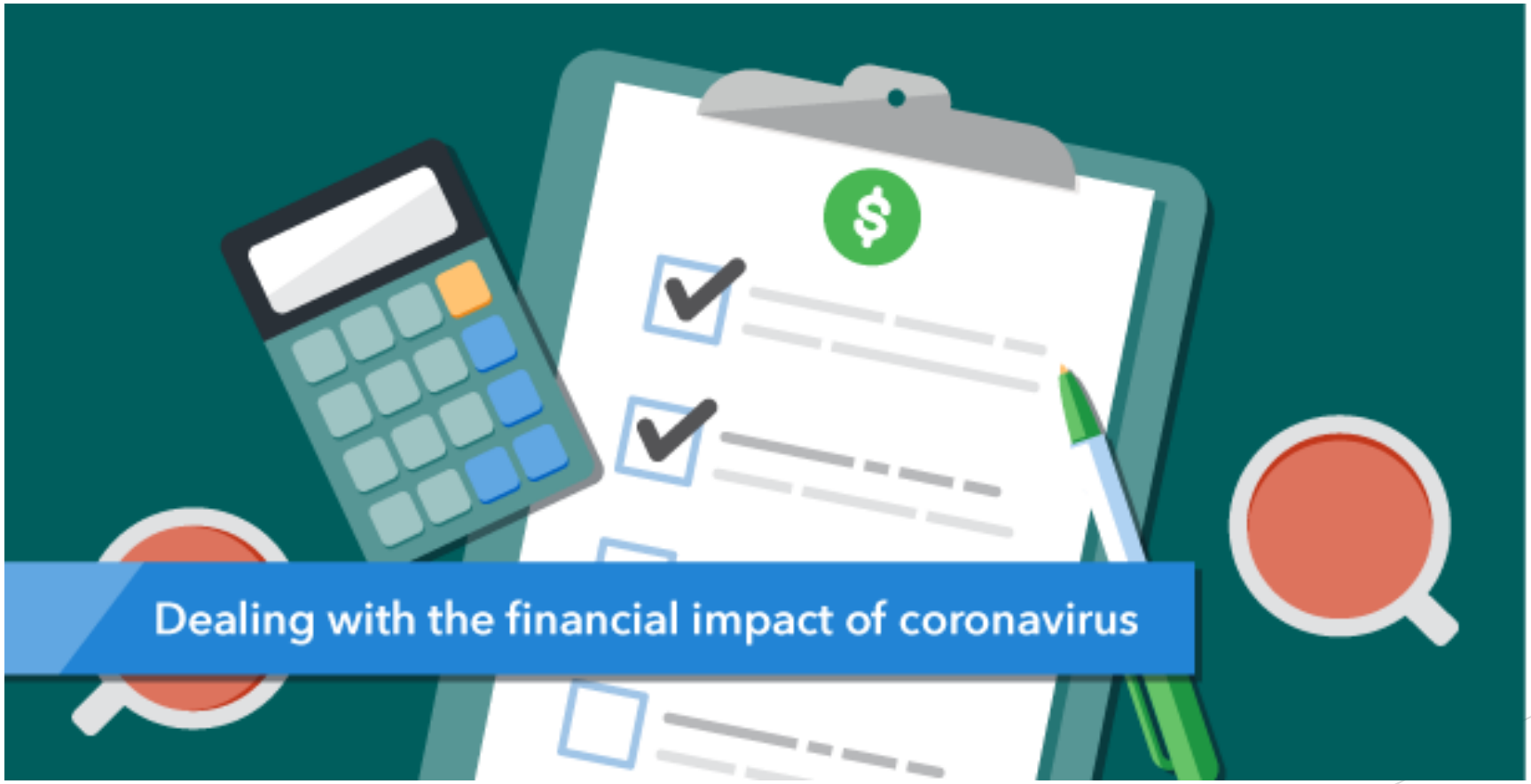
What happened to your health center?

- Look at Managed Care Reporting - Value Based Care
  - Utilization of Emergency Room (Up or Down)
  - Diagnoses of ED Visits (Urgent or Routine)
  - Admissions (Up or Down)
  - Diagnoses of Admissions (Urgent or Avoidable)

What happened to your health center?

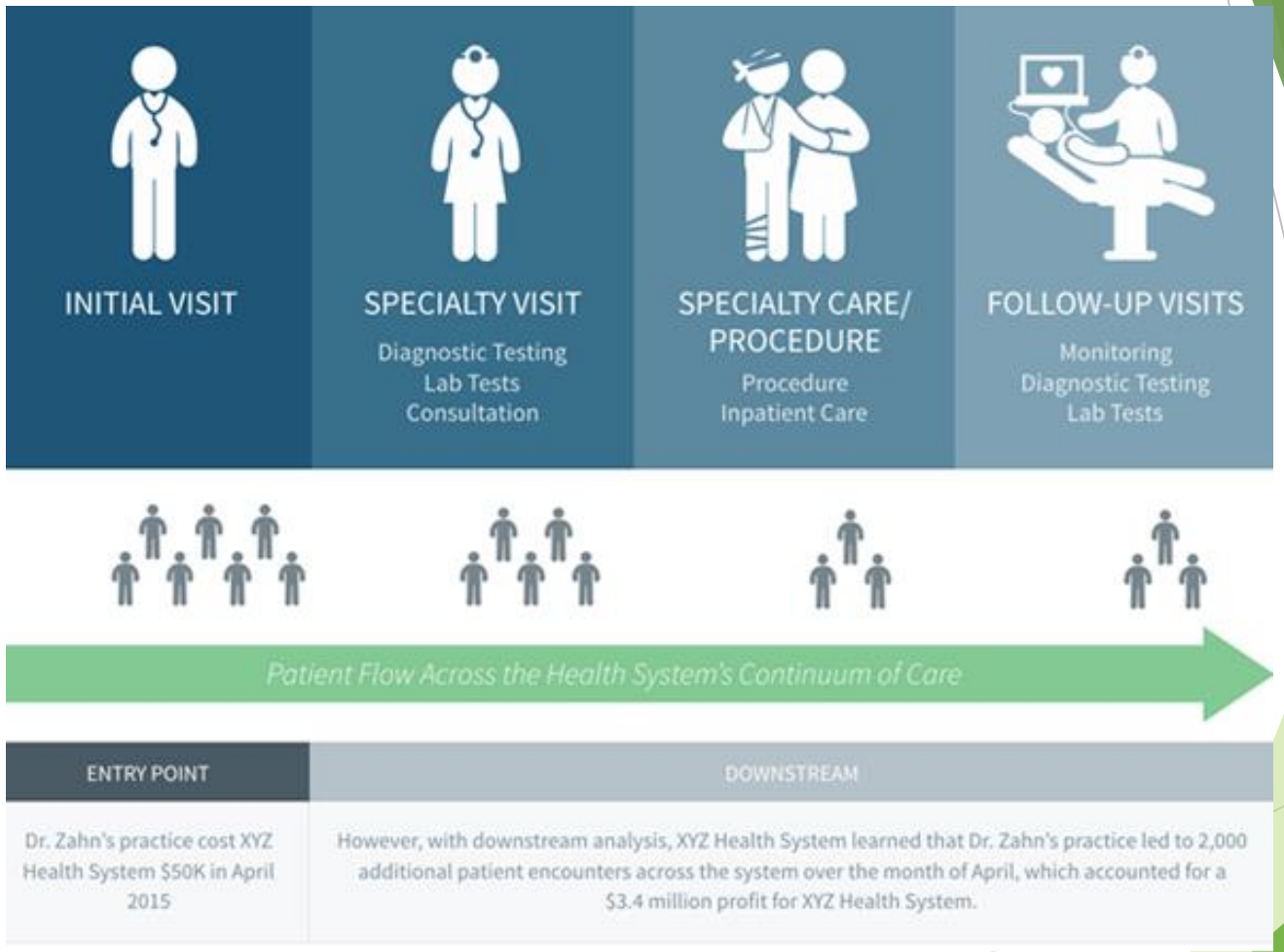
- Look at UDS Table 5 - Variances
  - Trend – a movement over time in a particular direction (a trend can reverse and can be non-linear)
  - Shift – a sudden significant movement (can be part of a trend)

How to Prepare for The Next One…

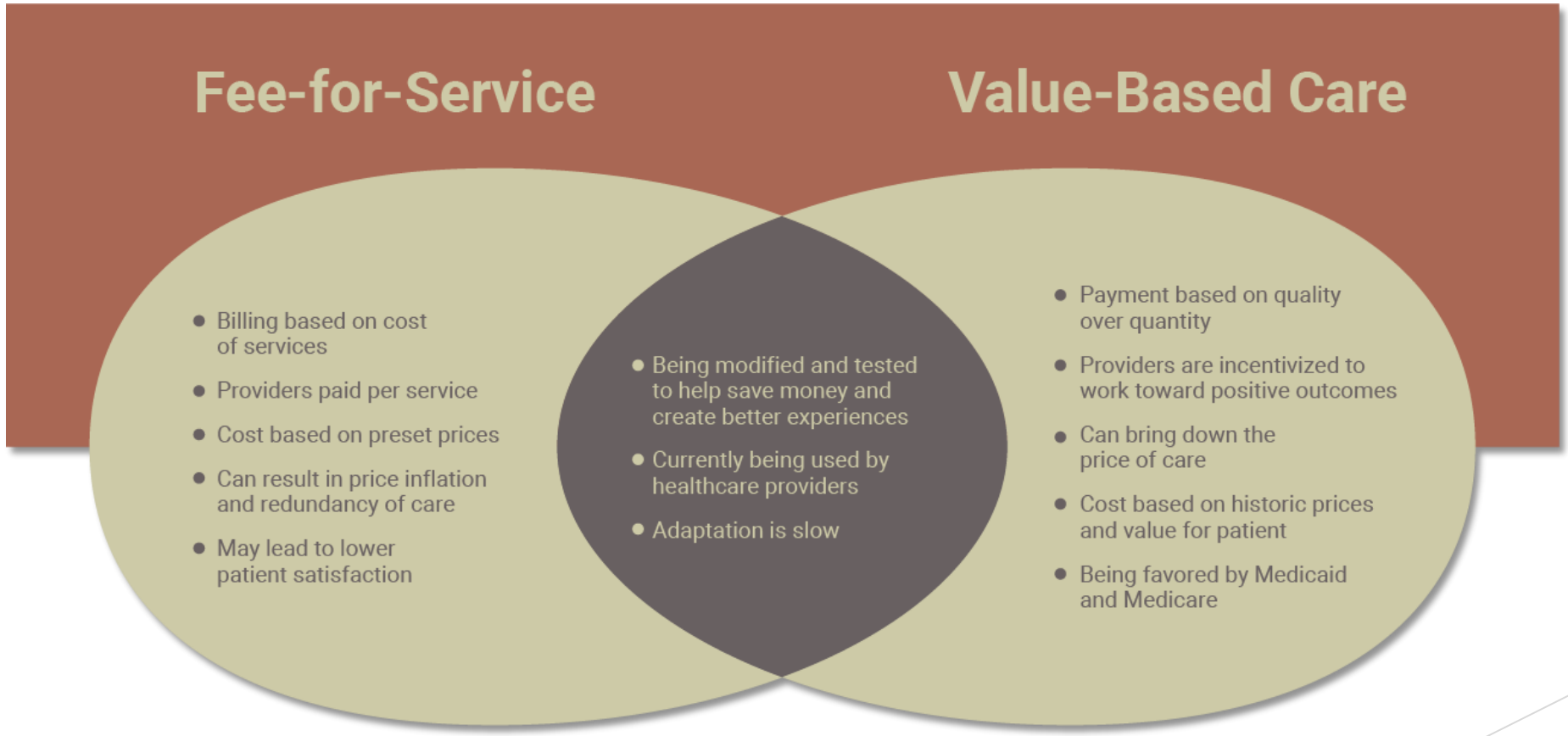


Find Downstream Revenues

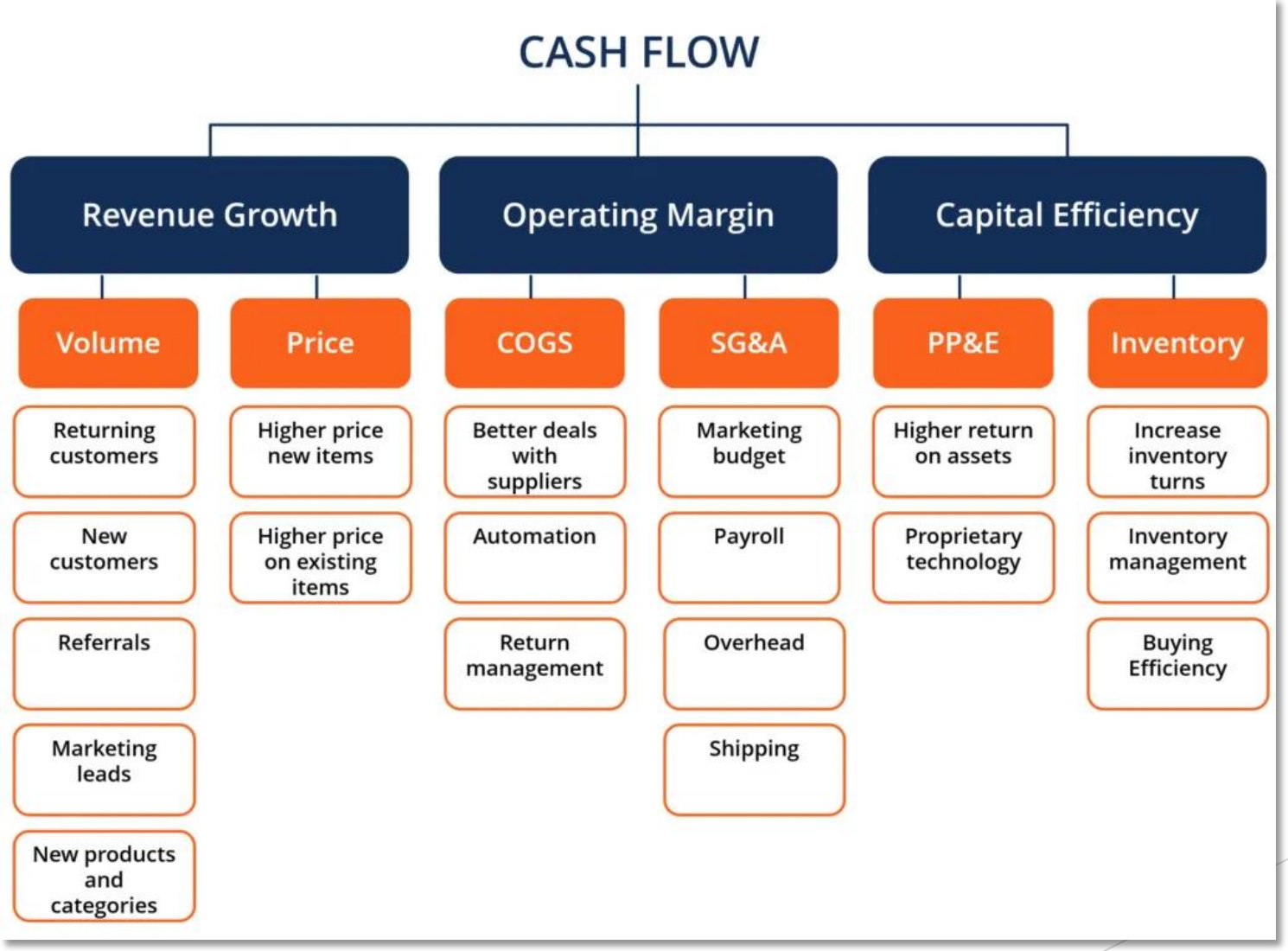
- Revenue that is realized due to having an active patient in addition to the activity being considered.



Understand Changing Reimbursement



Understand Cash Flow Efficiency



Apply Your Quality Infrastructure to Finance

http://www.ihi.org/resources/Pages/HowtoImprove/default.aspx

Formal Financial PDSA

Example: Project Planning Form

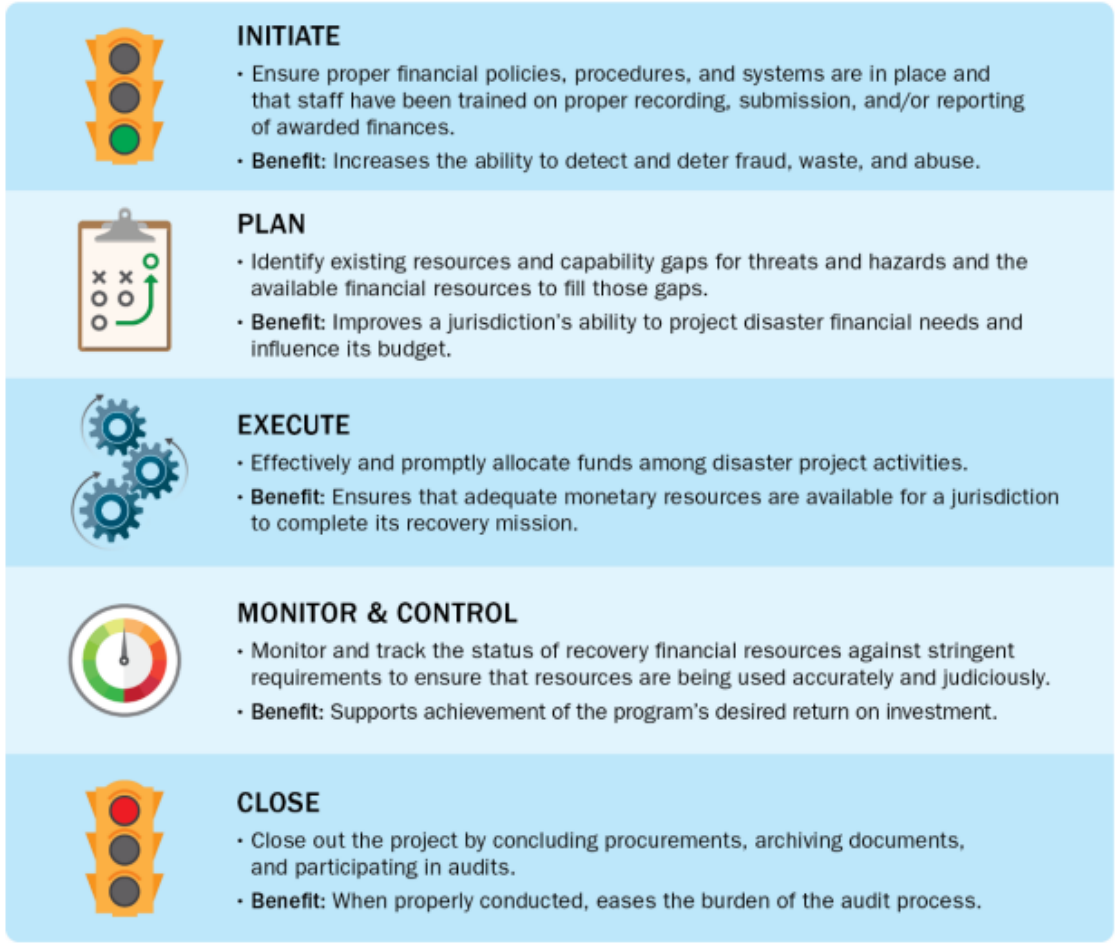
Team: John, Sally, Mark, Dave, Laura, and Beth **Project**: Lowering Depression Scores: Achieve a 15-point decrease in PHQ-9 scores for 50% of depressed patients by May 1.

Driver – list the drivers you'll be working on	Process Measure	Goal
1. Patient education	% of patients in depressed population receiving education materials before leaving office will have documented use of education materials	90% of patients in depressed population will have documented use of educational materials before leaving office
2. Follow-up assessment	% of patients in depressed population that have a follow-up assessment within the first eight weeks of their initial diagnosis	75% of patients in depressed population have a follow-up assessment within the first eight weeks of their initial diagnosis
3.		
4.		
5.		
6.		

Driver Number (from above)	Change Idea	Tasks to Prepare for Tests	PDSA	Person Responsible	Timeline (T = Test; I = Implement; S = Spread) Week												
					1	2	3	4	5	6	7	8	9	10	11	12	13	14
1	Provide pamphlet and link to short video at time of patient discharge	Need to make sure we have enough pamphlets on site; need to ensure link to video works	Nurse will hand materials to patient before leaving the exam room with all patients scoring high on the PHQ-9	Beth and Mark	T	T											
2	Patients will come back to the office for a follow-up assessment within eight weeks of depression diagnosis	Need to schedule appointments within timeframe and get patients to attend follow-up appointment; need to make sure secretaries are aware of this test	Have secretaries write down the date and time of the follow-up appointment on the back of the clinic's business card	Laura	T	T											

http://www.ihi.org/resources/Pages/HowtoImprove/default.aspx

Your Response Plan



INITIATE

- Ensure proper financial policies, procedures, and systems are in place and that staff have been trained on proper recording, submission, and/or reporting of awarded finances.
- **Benefit:** Increases the ability to detect and deter fraud, waste, and abuse.

PLAN

- Identify existing resources and capability gaps for threats and hazards and the available financial resources to fill those gaps.
- **Benefit:** Improves a jurisdiction's ability to project disaster financial needs and influence its budget.

EXECUTE

- Effectively and promptly allocate funds among disaster project activities.
- **Benefit:** Ensures that adequate monetary resources are available for a jurisdiction to complete its recovery mission.

MONITOR & CONTROL

- Monitor and track the status of recovery financial resources against stringent requirements to ensure that resources are being used accurately and judiciously.
- **Benefit:** Supports achievement of the program's desired return on investment.

CLOSE

- Close out the project by concluding procurements, archiving documents, and participating in audits.
- **Benefit:** When properly conducted, eases the burden of the audit process.

https://www.fema.gov/sites/default/files/2020-07/disaster-financial-management-guide.pdf

Resources

Institute for Healthcare Improvement (IHI)

http://www.ihi.org/resources/Pages/HowtoImprove/default.aspx

Center for Connected Health Policy

https://www.cchpca.org/about/national-telehealth-resource-center-partners

CMS Medicaid State Plan

https://www.medicaid.gov/medicaid/benefits/downloads/medicaid-telehealth-services.pdf

CMS Medicare Telehealth

https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet

FEMA Disaster Financial Management

https://www.fema.gov/sites/default/files/2020-07/disaster-financial-management-guide.pdf

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Office Hours

Complete Post – Evaluation Survey
(Overall feedback for all 4 sessions)

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Thank you!