Center for Health Systems Innovation

Transforming Rural and Native American Health

ROK-Net
RURAL OKLAHOMA NETWORK
A PRACTICE-BASED RESEARCH NETWORK

Strengthening Rural Primary Care Clinics Using the 3i's

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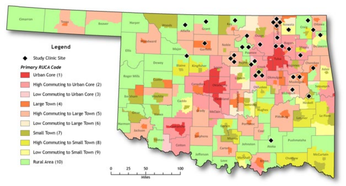
Abstract

Most urban designed and tested health care solutions fail to consider rural primary care challenges. Rural practices face multiple hurdles and a lack of resources compound their barriers. This effort supports rural primary care clinics located in shortage areas by transforming operations to strengthen financial viability and enhance patient experience.

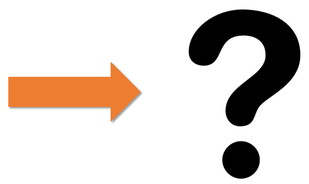
Oklahoma State University's Center for Health Systems Innovation (CHSI) supports rural primary care clinics located in Health Resources and Services Administration (HRSA) defined health professional shortage areas by transforming practice operations to strengthen financial viability, operational efficiency and enhance patient experience. Rural clinics serve mostly Medicaid and Medicare patients in areas with high poverty rates and low educational and health literacy levels. Limited access to billing vendors and a well-trained workforce create additional barriers.

CHSI has spent 2 years laying the foundation for a solution that aims to improve quality of life in rural Oklahoma by strengthening clinic workflow efficiency to increase access to and quality of primary care. The OSU Rural Clinic Efficiency Program (RCEP) was developed. This program incorporates utilizing the 3i's to develop solutions for clinics inevitably optimizing throughput and delivering quality patient centered care.

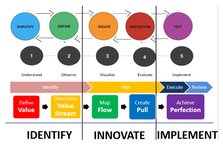
Background



What About Me?



CHSI conducted a study of rural primary practice clinics (n=35) in Oklahoma. A mixed methods approach was used to identify and categorize factors that commonly interfere with rural primary care throughout Oklahoma. During the course of this effort multiple clinics expressed the need for a clinic specific evaluation of their own operations. Subsequently, utilizing the 3i model, CHSI created the Rural Clinic Efficiency Program (RCEP). The program empowers clinic stakeholders to EASILY identify "clinic severe deficiencies" or "problem/issues" to be addressed and prioritize improvement areas collaboratively. The RCEP program incorporates the 3i model and has been deployed through 1st year of grant funding and an additional 2 years of funding for expansion. Lessons learned through 1st year of funding within a rural clinic in Southeast Oklahoma will be shared.



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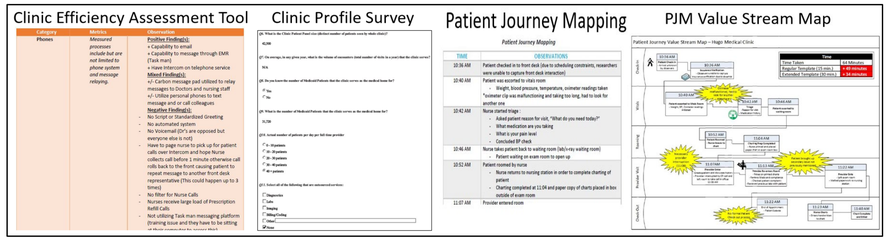
3i Model:

Identify - Innovate - Implement

Methods: 3i's

IDENTIFY: The first step taken was an initial assessment which is comprised of a suite of CHSI-developed proprietary tools as illustrated below.



During the assessment two CHSI workflow consultants utilize the Clinic Efficiency Assessment Tool (CEAT). This tool follows clinic workflow and engages all staff in describing their processes and impediments by asking them a series of CEAT questions. Ultimately, the CEAT assigns positive and negative factors, weighs them and produces a report that prioritizes clinic performance. See illustrated below.

Conducting the CEAT and other RCEP Tools

(CEAT)

1. Method of CEAT
2. Areas of Study (Categories)
3. Scoring:
   - Positives & Negatives
   - Weight
   - Determine processes that are Met/Partially Met/ Unmet Factors within Categories

Categories	Subcategories
Front Office	Phones
	Visit Preparation
	Appointment Scheduling
	Service/ Work (Front)
	Check-In/ Check-Out
	Pharmacy/ Diagnostics
Back Office	Claims Submission
	Coding
	Accounts Receivable
	Service/ Work (Back)
Leadership/ Managerial	Leadership
	Technology
	Security, Safety & Risk Management

*Note: CEAT is continually updated/modified

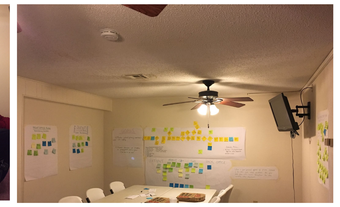
Confidential and Proprietary

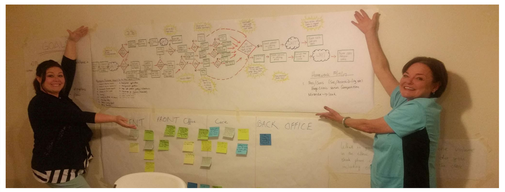
Subcategories	Page #	Average
Pharmacy/Diagnostics	8	4.00
Technology	13	4.00
Appointment Scheduling	7	3.67
Claims Submission	9	3.67
Visit Preparation	6	3.00
Front Office Service/Work	7	3.00
Coding	10	3.00
Back Office/ Clinical Work	11	3.00
Check-In/Check-Out	8	2.33
Leadership/ Managerial	11	2.20
Accounts Receivable	10	2.00
Phones	5	1.67
Security, Safety & Risk Management	14	1.00

Efficiency Gauge	
4 - 5.00	Clinic Strength
3 - 3.99	Refinement
2 - 2.99	Problem Issue
0 - 1.99	Severe Deficiency

INNOVATE: After the assessment CHSI presents results to clinic owners and they select two areas for which they would like assistance in improving. This clinic selected "Front Office Service/Work" and "Phones". Thereafter, CHSI consultants ensemble an interdisciplinary clinic staff team. The team is taught quality improvement techniques as well as brainstorming and are guided in developing rurally viable solutions, adapting existing approaches or creating original solutions to meet the clinic's unique needs. RCEP engages all clinic staff throughout the process, capturing various aspects impacting clinic efficiency.

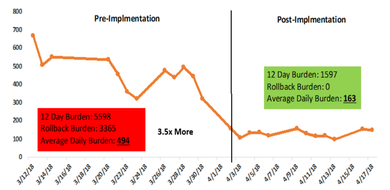
"If They Don't Own It Nobody Will"





IMPLEMENT: The team determined implementing a phone tracking system would be a first step in order to quantify how many calls the clinic was receiving. Additionally, they thought it would be to implement a tailored Automatic Call Dispatcher as well as incorporate voicemail into their phone system. Vendors were vetted, one selected and the solution was approved and implemented.

Results and Findings



Domino Effect of Process Improvement

7of 13 Process Categories Improved
1 of 13 Categories Decreased (Technology)
Overall Clinic Score Improved from 2.81 to 3.27

CHANGE INDICATOR			
Subcategories	Average		Average
Pharmacy/Diagnostics	4.00	↔	4.00
Technology	4.00	↓	3.00
Appointment Scheduling	3.67	↑	4.00
Claims Submission	3.67	↑	4.33
Visit Preparation	3.00	↑	3.67
Front Office Service/Work	3.00	↑	4.00
Coding	3.00	↔	3.00
Back Office/ Clinical Work	3.00	↔	3.00
Check-In/Check-Out	2.33	↑	3.00
Leadership/ Managerial	2.20	↑	2.60
Accounts Receivable	2.00	↔	2.00
Phones	1.67	↑	5.00
Security, Safety & Risk Management	1.00	↔	1.00

Program Quotes:

- "**First time in 8 years that I believe we will actually get things changed**. Feel confident this will work, all employees get involved." – Front Office
- "**This program has everyone's best interest in mind**!" –Nurse
- "I love that there are resources out there like the Carolyn Watson Funded OSU QI Program, who along with their kind, caring, and determined staff, **work hand in hand with our clinic, giving each of us a voice to help improve all aspects of patient care and ensure continued success and thriving for our Rural Healthcare Community**." – Billing

Conclusion

- The 3i process governs IDENTIFYING areas for improvement/problems, INNOVATING for those gaps and finally IMPLMENTING tailored solutions.
- Patient care is elevated when the whole clinic advocates for its processes using the 3i's.
- Staff owned performance initiatives in a clinic is extremely beneficial to expanding capacity and optimizing efficiency.