

The Carrot v. The Stick



Promoting Productivity and Quality in
HCH Projects

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HOW MUCH WOOD
WOULD A WOODCHICK
CHUCK IF A WOODCHUCK
COULD CHUCK WOOD?



GLASBERGEN.

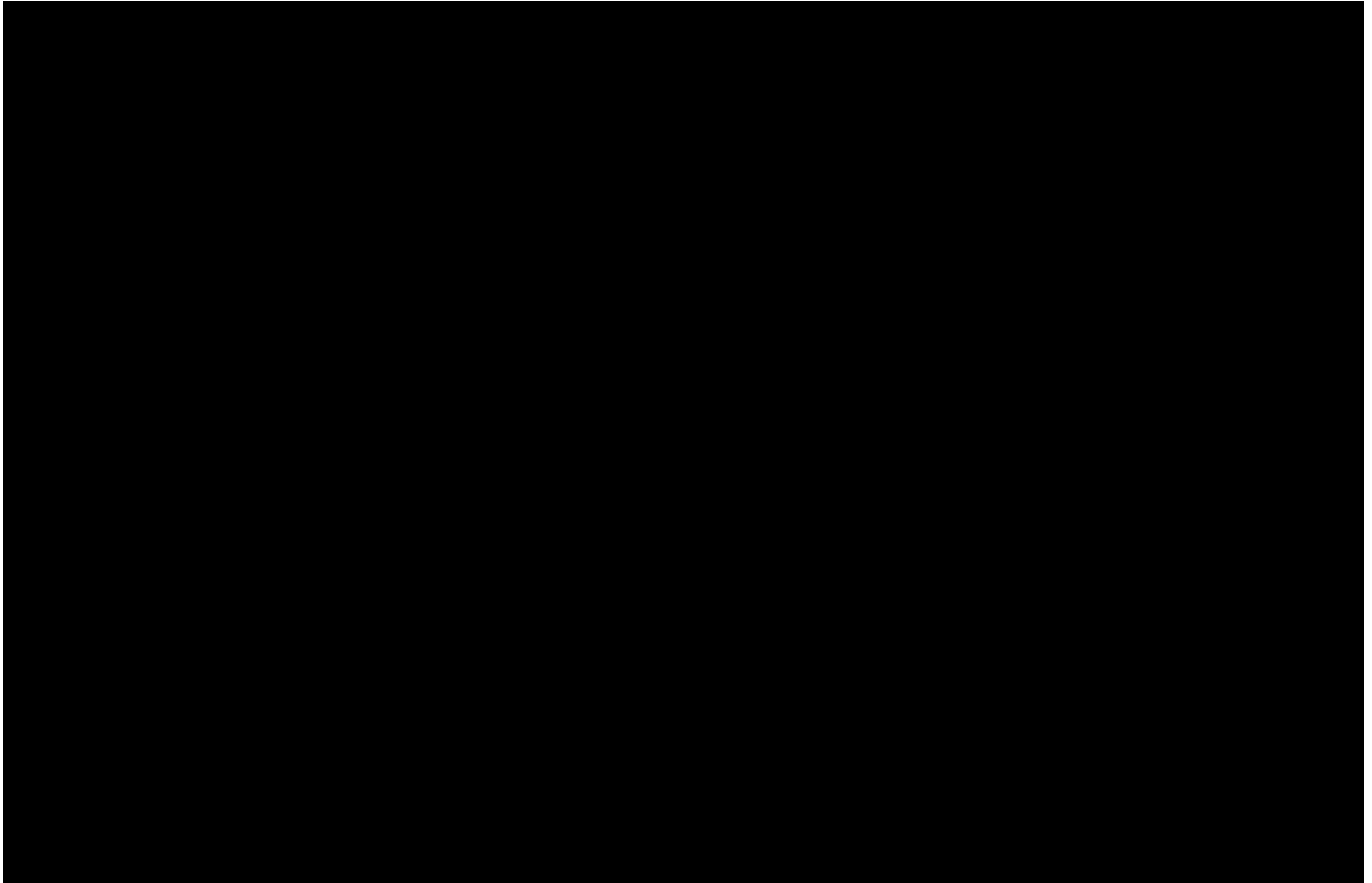
**“Good morning and welcome to
my productivity seminar...”**

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ONCE BECKY'S INCENTIVE WAS SLIGHTLY CUSTOMIZED,
SHE BECAME THE COMPANY'S TOP PERFORMER.

Lucy episode link



2011 UDS Numbers

- Duffy Health Center
 - 3,168 users
 - 13,601 medical encounters
 - 30,929 total encounters

- Heartland Health Outreach
 - 12,232 users
 - 27,917 medical encounters
 - 78,292 total encounters

Today's Topics

- Why we need to think about productivity in the HCH setting: past, present, future
- Barriers to measuring and monitoring productivity in HCH settings
- Sample 'Balanced Score Card' systems
- Challenges to using balanced score cards, and how to overcome them
- Sharing/discussion

Shifting Sands: Productivity vs. Quality

- Past

 - Funder (HRSA) Expectations

- Present

 - Expanded access to care

 - Individual performance assessment

 - Process improvement that results from the discussion

 - Patient-centered Medical Home

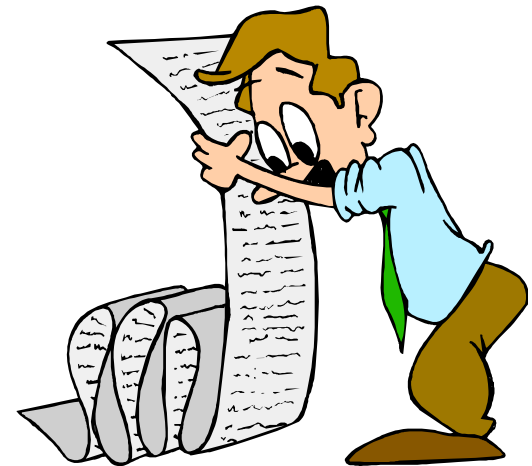
- Future

 - Health Reform



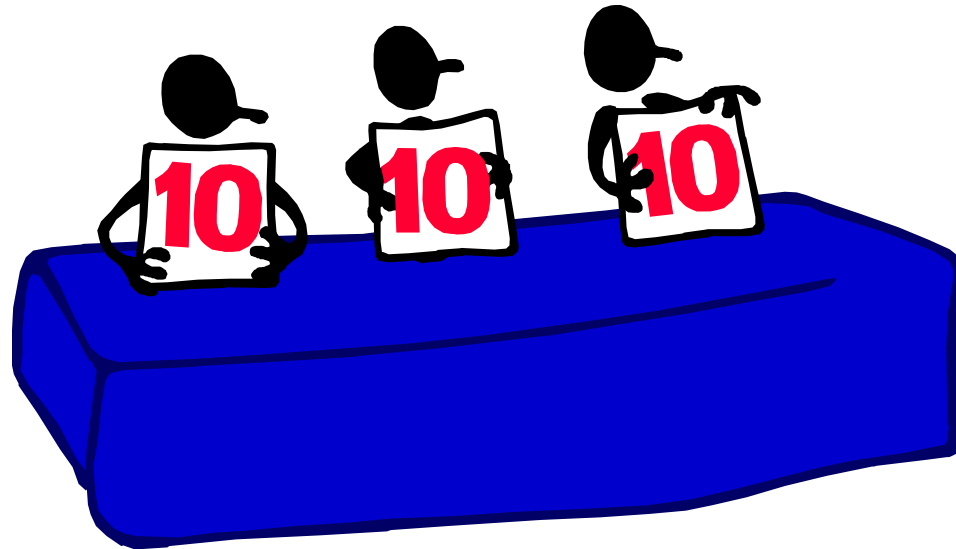
Barriers to monitoring productivity in the HCH setting

- Complex needs of our patients- they take longer
- Nature of homelessness- we need to do a lot in each visit because we may not see them again for a long time- 'the problem list problem'
- Strapped for resources (lack of support staff, etc)
- Challenging EMRs
- Provider practice preferences and HCH culture



Balanced Score Cards

- Definition – management tool to track staff activities and the results (Financial and Non financial)
- Converts organization's mission and values to a plan that links strategies to measurable targets and actions



Balanced Score Cards

- Productivity & Efficiency distinct from Quality & Service
- Balanced Score Cards attempt to measure all
- Productivity – RVUs, patient encounters, revenue, panel size

Balanced Score Cards cont'd

- Examples of indicators that can be measured
 - Productivity
 - Quality outcomes – requires ability to generate provider specific data for audits e.g. DM, asthma
 - Institutional Involvement – committee participation, community work, meeting attendance
 - Patient satisfaction – ability to survey
 - EMR Use – adoption of Meaningful Use/PCMH

If you adopt a scorecard...

- What are the challenges?
- Focus on points, competition, reverse effect



Challenging to measure productivity in HCH

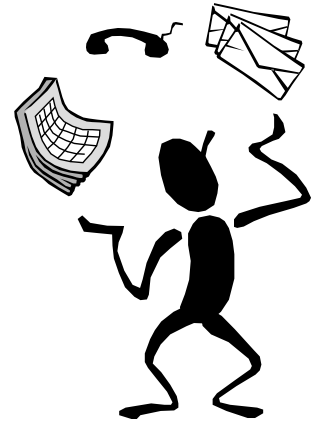
- What benchmarks do we use
- What about outreach
- Delays/poor systems for counting visits
- RVUs? How to adjust for complexity
- Team care- who actually took care of the patient?

Challenging to measure quality

- Patients suffer chronic illnesses and co-morbidities
- Who is the PCP- provider assignment in HCH
- Part-time providers and sharing/covering for each other
- EMRs are new and challenging
- Culture- when we address issues

Challenging to measure satisfaction

- Paper and pencil tools vs. mail, phone and computer surveys
 - Literacy
 - Addresses
 - Limited cell phone and computer access
 - Competing priorities
- How to measure at the individual provider level



Challenging to measure participation

- Attending meetings?
- How do we evaluate and measure
 - Giving talks?
 - Participating in research?
 - Health fairs?

Case Study:
Heartland Health Outreach

Overall Incentive Plan

- Base compensation on par with the average salaries at Chicago community health centers
- For performance above the median, earning potential is above the median with Incentive Plan

Case Study:
Heartland Health Outreach

Provider Productivity Benchmarks

Individual goals were determined for each of the based on annually updated APN and MD benchmarks.

Productivity Formula:

$$= (\text{outreach FTE} \times \text{National HCH Benchmark}) + (\text{clinic FTE} \times \text{National CHC/UDS Benchmark})$$

HCH outreach survey (1917 encounter per 1.0 APN, 3129 encounter per 1.0 MD)

Case Study:
Heartland Health Outreach

Productivity Bonus Pool

- Providers received either a raise in base compensation or in bonus pool dollars each year.
- The bonus pool is up to 9% of the provider's base salary plus \$3000 per provider.
 - First year of service is 3% of base salary plus \$3000
 - Second year of service is 6% of base salary plus \$3000
 - Third year and thereafter is 9% of base salary plus \$3000

Case Study:

Heartland Health Outreach

Productivity

- Productivity is measured to assure that grant requirements are met, and that individual providers carry a fair share of the workload. APN will be expected to meet or exceed 142 patient visits per month on average. Productivity will be reported to APN on a monthly basis. Quarterly productivity incentive is \$1270. APN will be awarded a quarterly bonus as follows:
- If APN meets 100% of target, 50% of the productivity bonus is paid
- If APN meets 105% of target, 75% of productivity bonus is paid
- If APN meets 110% of target, 100% of productivity is paid

Quality Measures

- APN will be awarded a semi-annual bonus as follows:
- \$391 for achieving 80% of encounters with documented drug allergies
- \$391 for achieving 70% of encounters with a smoking assessment and 70% of encounters with smokers documented cessation education or referral

Satisfaction

- APN will be awarded a semi-annual bonus as follows:
- \$586 for achieving a provider satisfaction score of 4.5 or greater out of 5.0

Continuing Education

- APN is eligible for 30 paid hours and \$563 for continuing education.

Case Study:
Heartland Health Outreach

The Future...

- Change in our Union contract allowing team bonuses.
- Integrating provider services (dental and psychiatry had different compensation structures)
- Redesigning workflow and responsibilities within PCMH context.
- Plan to develop incentive plans for all staff in regards to quality and budget performance.

Case Study:

Duffy Health Center

- Current position – 100% productivity paid annually
- MDs
 - 2200 visits - \$1000
 - 2300 visits - \$3000
 - 2400 visits - \$5000
- NPs
 - 1900 visits - \$1000
 - 2000 visits - \$3000
 - 2100 visits - \$5000

Proposed Balanced Score Cards

- Productivity – 70% of incentive amount
- Quality – 10% (4 points)
 - HbA1c <8%, peer review score, mammogram, asthma
- Participation – 10% (3 points)
 - Meeting attendance, give a talk, community work
- Patient Satisfaction – 5% (2 points - >75%, >90%)
- EMR adoption (1 point)
- Dollar amount per point is one idea

Additional Ideas

- Quarterly payment of productivity bonus (60%)
- End year payment if meets target plus quality bonus (40%)

For example for \$1000 bonus – if meets productivity target quarterly would get \$150 and \$400 if meets year end target and quality measures

Challenges and Strategies

Lack of Benchmarks

Create your own

How to measure Outreach

Create separate targets or
carve out time from target

Provider practice
preferences

Focus on increasing access

Pay for performance- a
cultural anathema

Sharing in agency
performance success

How to measure
individual performance

Group incentives