



White Paper

*“Healthy Clinic Assessments are creating synergy at rural health clinics”*

# Healthy Clinic Assessments (HCAs)

*Promising Practices: How Healthy Clinic Assessments are improving business operations and internal processes*



## *At the heart of HCAs.*

As rural healthcare facilities across Colorado struggle with an increase in demand for care while budgets are tightening, the Healthy Clinic Assessment (HCA) program offered by the Colorado Rural Health Center improves overall quality and consistency of care at rural health clinics. HCAs assess the clinic's basic business operations and processes. The assessment is compiled into a report detailing areas for improvement and a step-by-step action plan. Ninety eight clinics in Colorado have completed an HCA since the program began in 2009.

*The Goal of the Healthy Clinic Assessment (HCA) is to streamline operational workflow, maximize efficiency and create a seamlessly pleasant patient experience.*

The Colorado Rural Health Center (CRHC) conducted the first HCAs in 2009 to assist clinics in identifying opportunities for improvement in basic business operations. Given the growing demand for greater coordinated care, prevention, data, and patient outcomes, CRHC recognized this challenge as an opportunity to expand the HCA program that supports rural clinics.

According to an article published by the Journal of American Board of Family Practice (2001: 14:193-6), “Reminding patients by telephone one day before their appointments yields increased cancelations that can be used to schedule other patients. Telephone reminders provide substantial net revenue.” Telephone protocol is one element identified through the HCA.

The HCA tool was created by RT Welter and Associates, an organization with expertise in rural health facility billing processes. CRHC worked collaboratively with RT Welter and Associates to expand the billing practices tool to include business operations. Each element in the HCA is compared to evidence and industry-based standards and a score is generated. Therefore, CRHC continues to expand and revise the HCA to align with new evidence based practices, ensuring RHCs keep pace as the healthcare industry continues to evolve.

Given the current healthcare environment, conducting a HCA is a valuable resource for rural clinics. In a recent survey conducted by

the American Academy of Family Physicians, improving access to healthcare in rural and underserved communities, assisting family physicians deal with the business aspects of running a practice, and helping family physicians implement quality improvement processes, were three of the top ten concerns cited by physicians (medpagetoday.com, September 27, 2013). Additionally, the focus on reporting data, quality and outcomes continues to increase – evidence that customized support will be a continued need among rural clinics as they position themselves for future success.

A grant funded HCA project was launched in May 2013 when the need for more focused efforts on technical assistance for clinic basic business operations was identified. Kaiser Permanente Colorado awarded CRHC a grant to provide assistance to 19 rural clinics located mainly on Colorado’s Western Slope. Kaiser Permanente is the state’s largest nonprofit health plan, and is committed to supporting Colorado and its rural communities. By the end of the three-year project, participating clinics are set to have made sufficient improvements in central operations to enable them to move forward and focus more resources on quality improvement initiatives and patient safety goals.

Research has indicated that by improving basic business operations, the clinic has the ability to become more financially viable, which allows an increase in access to care and a

*The HCA strengthens the foundation of the clinic, allowing greater focus on quality improvement, data collection and a patient-centered care model.*

The HCA is a four-to-six hour process conducted by quality improvement specialists, employed by CRHC. Approximately three hours are spent onsite with clinic staff conducting the assessment. The quality improvement specialists then complete three to four hours of off-site analysis and research to complete the final HCA report.

The assessment has been proven to identify gaps in basic business operations for the following areas:

- Telephone Protocol
- Appointment Setting
- Check-In
- Check-Out
- Chart/Encounter Form Preparation
- Billing and Claim Submission
- Coding
- Accounts Receivable
- Accounts Receivable Follow-Up

Each element is given a score of one, three or five indicating whether the element was *Not Met* (one); *Partially Met* (three); or *Met* (five). All elements in a category are totaled to arrive at a total category score. Each category score is then averaged to arrive at an overall average HCA score per clinic.

For any element that is either “Not Met” or “Partially Met,” CRHC provides a recommendation for improvement based on industry-accepted best practices. For those clinics that receive top scores, CRHC works to compile best practices to share with other rural clinics.

After reviewing the results of the HCA, clinics receive one-on-one focused technical assistance to improve gaps identified. An overall improvement goal is established for participating clinics to be used as a benchmark against other clinics in the state. The results are evaluated and an action plan is developed with timelines for achieving those goals that will lead to improved efficiencies and financial stability for the clinic.

### *Goals of the HCA*

- 1. Increase quality of care***
- 2. Increase clinic efficiency***
- 3. Increase revenue and strengthen fiscal stability***

Over 150 operational, billing, quality and safety elements are reviewed during the HCA.

**COLORADO RURAL HEALTH CENTER**  
The State Office of Rural Health

**Healthy Clinic Assessment**

**FRONT OFFICE Telephone System Assessment**

Clinic Score	Physical Resources	Met	Part Met	Not Met	"meaningful use", "best practice" indicators	COMMENTS	RECOMMENDATIONS
P1	The number of phones or lines in the office are adequate for the number of doctors.						
P2	Inner office voicemail is configured for appropriate positions (i.e. nursing providers, etc.)						
P3	The number for the telephone service is available or phone resources are known by key staff.						
P4	Personnel have an adequate and efficient system for taking and distributing messages.						
	Operations Resources	Met	Part Met	Not Met	"meaningful use", "best practice" indicators	COMMENTS	RECOMMENDATIONS
O1	There is a calling tree in place to assist in routing calls correctly.						
O2	There is an answering service in place.						
O3	Phones are turned BACK TO personnel from answering service in a timely manner						
O4	Phones turned to Answering Service in timely manner at EOD						
O5	Primary operator is identified and staff informed.						
O6	Secondary operator is identified and staff informed.						
O7	Office Management has adequate way to communicate needs and grievances TO personnel?						

Clinic staff participate in the HCA through on-site interviews. Everything from appropriate voicemail configuration and HIPAA compliant billing departments, to a review of whether new patient forms are available prior to the first visit or hand sanitizer, masks and tissues are available to the public is reviewed during the assessment.



## *Results support goals of the Affordable Care Act and Triple Aim.*

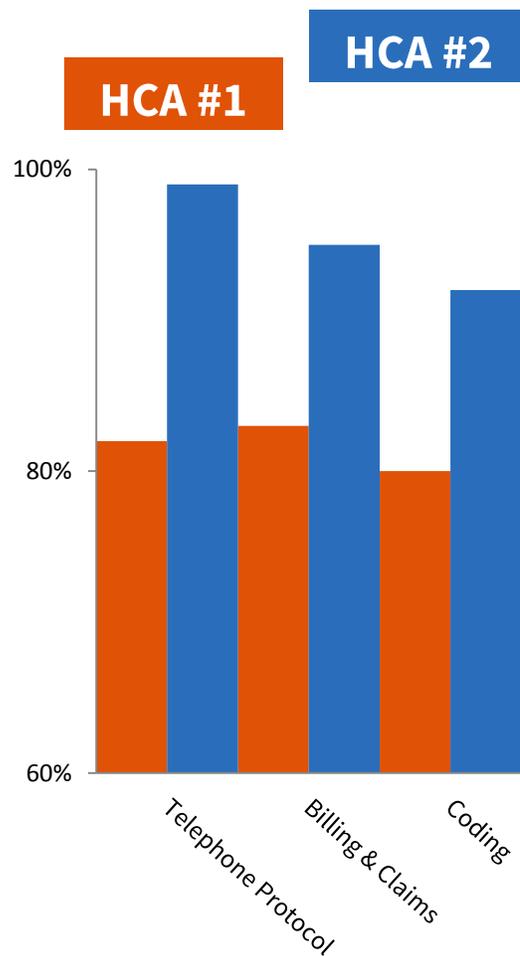
By conducting an HCA, clinics have the opportunity to make improvements to patient experience, quality care, and financial viability and efficiencies – all tenets of the Institute for Healthcare Improvement (IHI) Triple Aim – a key cornerstone of the current health reform landscape.

As the focus on reporting for quality and outcomes continues to increase in the healthcare industry, rural clinics are positioning themselves successfully for the future. CRHC’s goal through the HCA program is for all Colorado rural clinics to score 90 percent or higher on the HCA, an indication of efficient and sound operations.

When comparing initial HCA scores to follow-up assessments, there is a clear improvement potential. Clinics have seen positive results with the HCA process, realizing improvements in clinic operations anywhere between four and 29 percent.

Conducting an HCA often reveals improvements that require additional analysis and review. For instance, improvements to appointment setting often require process mapping with administrative front desk personnel. As a result the clinic can ensure front desk coverage when staff require sick time, vacation or in the event of turnover.

Standardized processes ensure optimum consistency from the patient perspective and allows for proper orientation and training of new staff. Below is a comparison chart from HCA scores at rural clinics in Southeastern Colorado demonstrating improvement gained between first and second HCA scores. Telephone protocol improved 20.7 percent, billing and claims 14.5 percent, and coding improved 15 percent.



7 of every 10

Clinics see significant improvement in operational processes between the first and second HCA

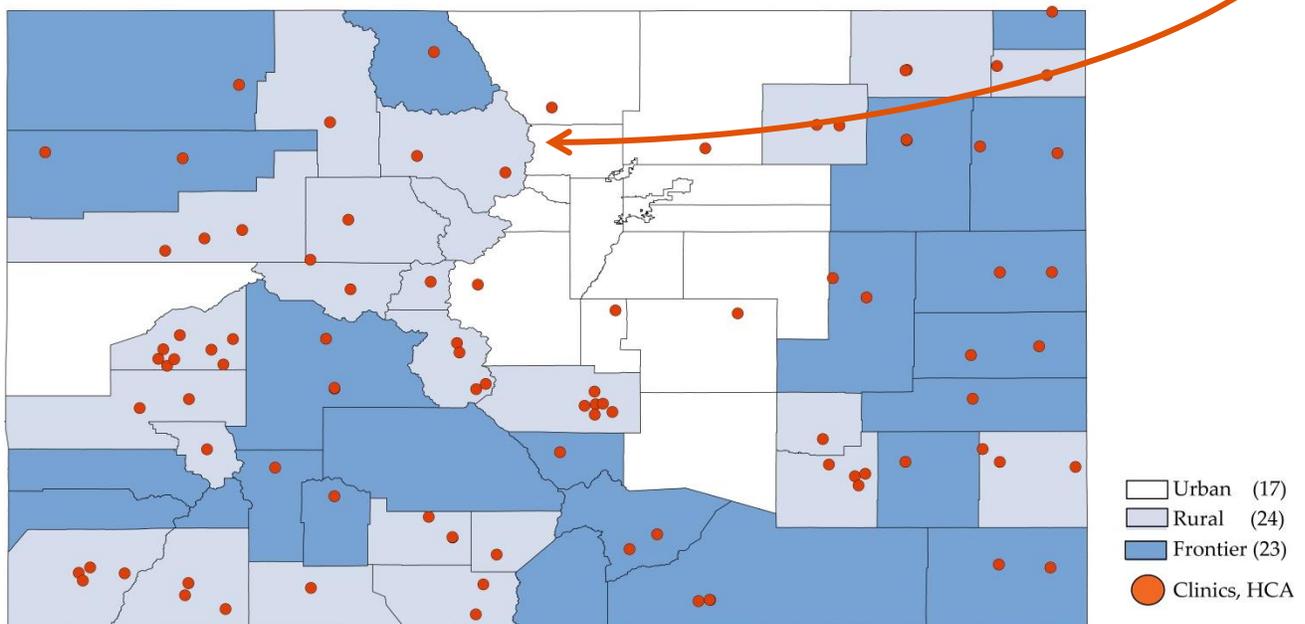
8 clinics

Achieved NCQA Patient-Centered Medical Home status

98

Clinics conducted HCA since 2009

*CRHC has completed 98 HCAs at rural, frontier and urban-underserved clinics in Colorado*



The Healthy Clinic Assessment program is

helping rural clinics build stronger foundations

and focus on quality improvements.

## *HCA findings and emerging trends demonstrate consistent need for ongoing support and follow-up HCAs*

Emerging trends have been identified from preliminary HCA findings. Clinics have demonstrated a consistent need for the following assistance:

- 1. Implementing or improving an existing no-show policy*
- 2. Tracking referrals*
- 3. Consistently and correctly collecting demographic and insurance information*
- 4. Collecting back balances*
- 5. Creating a consistent check-out process*
- 6. Verifying insurance*
- 7. Provider coding and billing training*
- 8. ICD-10 training*
- 9. Conducting regular coding audits and coding certification*
- 10. Creating and implementing policies and procedures*
- 11. Creating and enforcing copay collection policies*

In terms of transition to quality improvement, 15 of the 19 clinics participating in the Kaiser Permanente grant project are participating in CRHC's Improving Communications and Readmissions (iCARE) program.

iCARE is a statewide program for Critical Access Hospitals and rural clinics to better the patient experience by improving communication in transitions of care and clinical processes, and reducing avoidable hospital readmission rates.

Many clinics have overcome the first substantial hurdle they encounter when participating in quality improvement initiatives; data collection and reporting. All 19 clinics participating in the Kaiser Permanente grant funded project are reporting data, a huge measure of success for the project. To assist with the data collection process, CRHC provides each clinic with an individualized quality improvement tracking spreadsheet.





## *Moving forward.*

The ultimate goal of conducting HCAs - and the action plans and improvements resulting from them, as well as the technical assistance provided - is to further implement increased operational efficiencies, fiscal stability and an improved patient experience.

As clinics continue working on robust quality improvement initiatives, such as the implementation of quality teams and data collection, CRHC will continue its assistance and include ongoing HCAs to determine gains made and identify any additional areas for operational improvement to support the clinics as a whole.

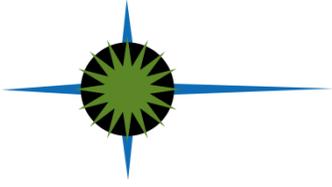
The nineteen clinics participating in the Kaiser Permanente grant funded project have increased awareness around quality improvement concepts, including practice transformation, care coordination and data analysis – all of which will ultimately lead to improved access to care, quality of care and lower costs. Major accomplishments include more readily available appointments and smoother workflows. As with many rural facilities, staff turnover, electronic health record functionality, and lack of consistent bilateral communication remain frequent barriers.

The HCA program will continue fostering increased participation in quality improvement activities for all clinics.

This will allow CRHC to analyze available data through programs such as iCARE, Patient Centered Medical Home, accountable care organizations, stage two Meaningful Use, use of patient registries to monitor patient care and outcomes, and/or other quality improvement activities.

These initiatives will help clinics determine the impact on the health of their populations, while aligning with the health needs of the communities they are serving. The initiatives vary across the individual capacity of the clinic- with CRHC tailoring its work to support each clinic in achieving its goals. All understand the importance of quality improvement and the practical difference it will make to be engaged in these initiatives now rather than later.

Additionally, clinics are diversifying their services and engaging in new ways with their respective communities as a result of the improvements made through HCAs. Clinics will increase their ability to treat more medically complicated patients with better chronic disease management. More resources within the community can be accessed with community wide collaboration. As rural health facilities across the state struggle with an increase in demand for care while budgets are tightening, support through HCAs will remain a vital resource for rural health clinics.



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## Case Study

# *Mt. San Rafael Hospital Clinic*

Mt. San Rafael Hospital is a 25 bed critical access hospital operating three rural clinics on the medical campus. Mt. San Rafael Hospital Clinic conducted their first HCA in June of 2010. Several areas for improvement were identified, specifically in regard to appointment and check-out processes. After reviewing the HCA, CRHC's quality improvement specialists and clinic staff created an action plan to implement standardized processes, create efficient workflow and optimize consistency.

### **Appointments**

The HCA revealed that each of the three clinics had developed their own scheduling processes, which was causing inefficient administrative workflow. With the help of recommendations made in the HCA report, the clinic implemented a centralized scheduler located within the primary care clinic that would be responsible for scheduling responsibilities for all three facilities. This process improvement streamlined the scheduling system and

increased the number of patients seen per day. The clinic also improved their processes around same day appointment scheduling and building in lead times before each appointment.

### **Check-Out**

During the HCA, it was discovered that the clinic did not have a well-defined check-out process. This was causing a considerable amount of unnecessary inbound calls to schedule appointments, review patients discharge instructions, and/or request prescription refills. Quality improvement specialists recommended and coordinated a process mapping session. Process mapping is a visual tool representing each of the activities and events of a particular process. By reviewing the completed process map, the clinic team was able to create a well-defined check-out process, which in turn increased patient satisfaction scores, as well as employee satisfaction.

## Ongoing improvements and action plans for success

Approximately five years after their initial HCA, the clinic continues to experience challenges, but is dedicated to continuous improvement. Since 2010, the clinic has completed six HCAs. Conducting ongoing HCAs has allowed the clinic to evaluate and improve the full scope of business and financial processes and demonstrates their commitment to meet the highest standards in patient care.

Staff turnover is a challenge that many rural facilities face and lack of medical knowledge among scheduling staff can lead to incorrect appointment times. Staff at Mt. San Rafael is working to establish protocol around types of visits (acute, complex, well visit, etc.) and offer ongoing education to front desk and scheduling staff.

CRHC's quality improvement specialists remain involved in these ongoing efforts, providing training, support and technical assistance in the form of customer service training, huddle scenarios, cultural assessments, Plan, Do, Study, Act (PDSA), process mapping and Patient Centered Medical Home alignment.

Mt. San Rafael Clinic is a great model for the increased operational efficiencies, fiscal stability and improved patient experience that can be realized by conducting and utilizing the HCAs. As health facilities continue on the path toward care coordination and data analysis, the HCA remains a great tool to improve access to care, quality of care and lower costs.



“We were very pleased when the re-assessment showed progress. The real winners are the patients that receive better care as a **result of our improved processes.**”

Mendi Choat, Mt. San Rafael Hospital Clinic (Trinidad, CO)



*Want to learn more  
about rural health?*

**Contact us at 303.832.7493**

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The Colorado Rural Health Center, established in 1991, serves dual roles as the State Office of Rural Health with the mission of assisting rural communities in addressing healthcare issues; and as the State Rural Health Association, advocating for policy change to ensure that rural Coloradoans have access to comprehensive, affordable healthcare services of the highest quality.