

Performance Improvement Collective Project-Workplan

Project Description

The healthcare industry has long been siloed between quality and finance which has led to operational inefficiencies, negative outcomes, and poor financial performance. These have often been siloed into a Revenue Cycle Committee and Quality Improvement Committee. Top performing CAHs have realized that quality has a direct impact on financial performance and financial performance has a direct impact on quality initiatives. This engagement focuses on breaking down the barriers between finance and quality by establishing a single performance improvement collective (PIC) to drive financial and operational performance.



Objective

The objective of this engagement is to bring together quality and finance into a single performance improvement initiative focused on the broader improvement of the CAH. In addition, an outcome is the realization that within the current landscape, quality has a direct impact on financial performance and financial performance impacts quality initiatives.



Strategy

The primary strategy is to bring together quality and finance into a single performance improvement initiative. This project will bring together key stakeholders while working to reduce the inherent barriers that often exist between finance and quality.



Implementation

The bulk of the project will be focused on implementation and specifically the following:

- Identification of selected hospital(s)
- Identification of key hospital leaders and commitment to initiative
- Evaluation of current systems and recommendations for improvement
- Identification of metric for evaluation and improvement
- Periodic virtual meetings on improvement efforts while providing feedback for improvement



Collaboration

The project will pull together both financial, operational, and quality improvement leaders across the organization to drive quality improvement. In addition, Wintergreen will involve MCRH as a part of the initiative to further objectives and ensure the project ties back to broader initiatives.



Schedule

The project will kick off upon selection of the participating hospitals. Each hospital will have an individual virtual kickoff call, followed by an onsite visit. Virtual PIC group meetings will be held every 4-6 weeks. Wintergreen will meet with the selected hospitals to implement the PIC concept, select metrics, and drive broader performance improvement at the hospital. The goal is to have the project completed by Mid to late October. Start date TBD.



Check

Each of the items outlined under the Implementation section would service as a checkpoint to ensure the project is progressing as outlined. MCRH will stay involved in the broader process to ensure successful outcomes for the project.

Metric Examples:

ED Professional Time: Metric - 20 min professional time / visit

The distribution of professional and provider time has a direct impact on reimbursements received by Critical Access Hospitals. Over 80% of the CAHs in Michigan are currently not meeting the 20min professional time / visit which presents an opportunity.

PIEC: To effectively improve the ED professional time requires the integration of providers, quality, and finance to improve performance. Providers need to have a comprehensive understanding of how the methodology works and why time studies are important.

RHC Throughput: Metric - 4200 visits / 1 FTE Physician and 2100 visits / 1 FTE APP

The Consolidated Appropriations Act of 2021 fundamentally changed reimbursements received by RHCs owned and operated by CAHs. Since RHCs are not subject to an upper payment limit (UPL), volumes within each RHC are of increasing importance.

PIEC: CAHs must bring together financial leaders, quality staff, providers, and practice managers to ensure practices achieve the minimum productivity threshold.

Revenue Cycle: Metric – Point of Service Collections Rate or DNFB of 5.0 Days

Revenue Cycle continues to offer the biggest opportunity to improve financial performance for CAHs across the country. Organizations that focus on front-end processes tend to perform better than those that try to resolve issues on the back end.

PIEC: Since revenue cycle is dependent upon individuals across the healthcare environment, improving revenue cycle requires bringing together clinical, financial, and provider staff.