

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*

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## *At the heart of HCAs.*

As rural healthcare facilities across Colorado struggle with an increase in demand for care while budgets are tightening, the HCA program offered by the Colorado Rural Health Center improves overall quality of care and consistency at rural health clinics. HCAs assess the clinic's basic business operations and processes to help clinics achieve efficiencies and maximize limited resources. 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 provide an optimal patient experience.*

The Colorado Rural Health Center (CRHC) conducted the first HCAs in 2009 to assist clinics in identifying opportunities to improve 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. 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 an HCA is a valuable resource for RHCs. In a recent survey conducted by the American Academy of Family Physicians, improving access to healthcare in rural and underserved communities, assisting family Physicians in dealing 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 RHCs as they position themselves for future success.

Caring for Colorado was the first foundation to support CRHC’s work in this area with a three-year grant from 2010-2013 to work with six rural clinics across the state and provide assistance to improve operational performance as identified through a series of HCAs. Through that work, participants realized improvement in their operations, as evidenced by improved HCA scores, which also strengthened their capacity to address other important areas such as quality improvement and community engagement. To continue providing support in this area, Kaiser Permanente Colorado awarded CHRC a three-year grant in May 2013 to provide focused technical assistance to 19 clinics across the state to support clinic basic business operations through the HCA. 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 (called the Healthy Clinic Improvement Project or HCIP) not only have participating clinics made sufficient improvements in central operations, all 19 clinics have moved forward and are focusing 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 for an increase in access to care.

*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 CRHC Quality Operations Specialists. The time is spent onsite with clinic staff conducting the assessment plus off-site analysis and research to complete the final HCA report and recommendations.

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

- Telephone Protocol
- Appointment Setting
- Check-in
- Check-out
- Visit Preparation
- Management Assessment
- Telephone Protocol
- Accounts Receivable
- Accounts Receivable Follow-Up

For any area where an opportunity for improvement is identified, 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 assistance to improve identified gaps. An overall improvement goal is established for participating clinics to be used as a benchmark against other clinics in the state. CRHC works with each clinic to evaluate the results and develop an action plan with timelines for achieving 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 and hand sanitizer, masks and tissues are available to the public is reviewed during the assessment.



## Results support goals of the Triple Aim & Social Determinants of Health

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. Similarly, at the State level, by contributing to improving value in health care service delivery, this work also aligns with the vision to achieve a Healthy Colorado as outlined in the Colorado Governor's Dashboard.

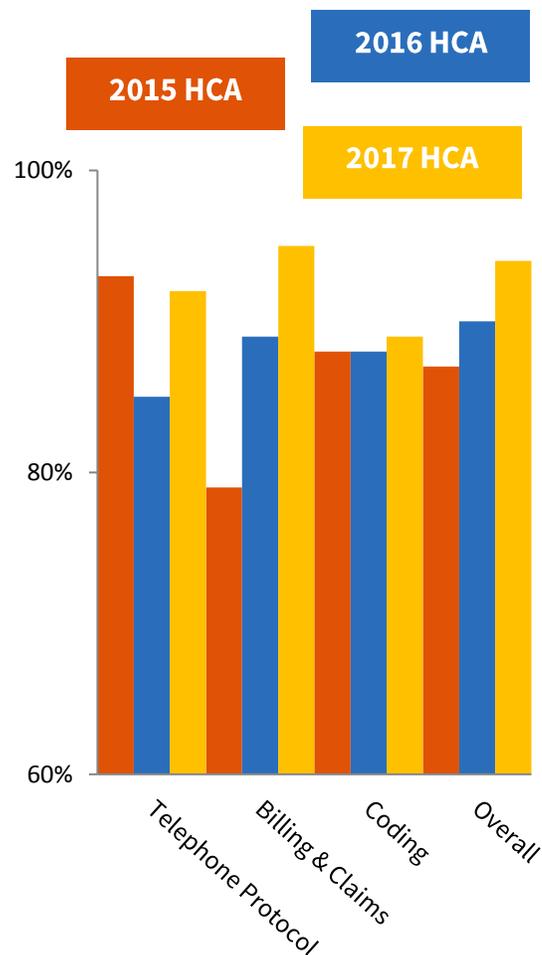
As the focus on reporting for quality and outcomes continues to increase in the healthcare industry, rural clinics are positioning themselves successfully for the future.

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

Conducting an HCA yearly 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 consistency from the patient perspective and allow for proper orientation and training of new staff. To the right is a graph illustrating changes in scores between HCAs conducted in 2015 and follow-up assessments conducted in 2016 and 2017. The scores reflect varying changes in each of the category scores. Improvements made include workflow analysis to identify and close gaps in processes.

Some of the scores highlight the challenges faced by rural facilities with limited staffing and resources. For example, with limited workforce, when staff turnover occurs, the challenges to maintaining consistent and efficient operational processes are magnified for smaller rural practices. As the improvement in the Overall score indicates, however, clinics are making gains in achieving efficiencies.



7 of every 10

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

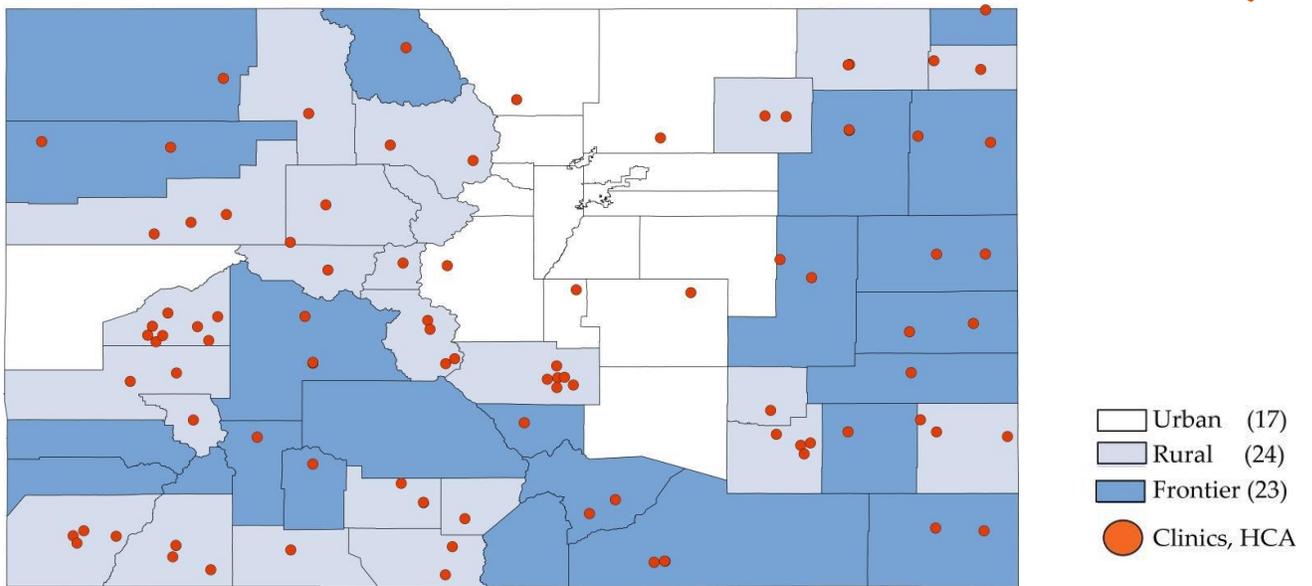
12 clinics

Achieved NCQA Patient-Centered Medical Home status

98

Clinics conducted HCA since 2009

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



The Healthy Clinic Assessment program is helping rural clinics build stronger foundations and focus on quality improvement.

## *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 that participated 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 HCIP participants are reporting data, a huge measure of success for the project.





## *Moving forward.*

The ultimate goal of conducting HCAs is to further implement increased operational efficiencies, physical stability, and 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. This will include ongoing HCAs to determine gains made and to identify any additional areas for operational improvement to support the clinic as a whole.

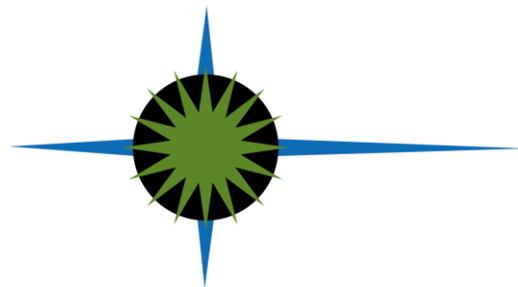
All project participants are engaged in quality improvement. Major accomplishments include more readily available appointments and smoother work clothes. As with many rural facilities, staff turnover and electronic health record functionality remain frequent barriers.

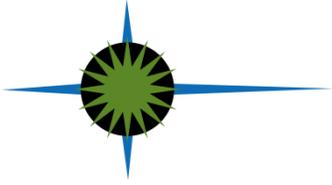
As data and demonstrating and reporting outcomes become increasingly important, CRHC will continue to provide ongoing support in analyzing data through programs such as iCARE, Patient Centered Medical Home, accountable care organizations, stage two Meaningful Use, use of patient registries to monitor patient care and outcomes, and/or other quality improvement activities.

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

Through these initiatives, clinics are determining the impact on the health of their populations, while aligning with the health needs of the community as they are serving. The initiatives vary based on the capacity of the clinic, with CRHC tailoring its work to support each clinic in achieving its goals.

Additionally, clinics are diversifying their services and engaging in new ways with their respective communities as a result of the improvements made to HCA's. Clinics are increasing their ability to treat more medically complicated patients with better chronic disease management and collaborating with community partners to increase patients' access to resources. As rural health facilities across the state struggle with an increase in demand for care while budgets are tightening, support through HCAs remains a vital resource for rural health clinics to maximize limited resources to ensure operational efficiency.





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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 operations 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 work flow. 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 patient's discharge instructions, and/or request prescription refills. Quality operations 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's team was able to create a well-defined check-out process, which in turn increase patient satisfaction scores, as well as employee satisfaction.

## Ongoing improvements and action plans for success

Approximately five years after the initial HCA, the clinic continues to experience challenges, but is dedicated to continuous improvement. Since 2010, the clinic has completed six HCA's. Conducting ongoing HCA's 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 can have far reaching effects in small, rural clinics with limited resources. Mt. San Rafael has experienced turnover in the last six years. For example, the clinic experienced significant turnover in staff that handles their billing and coding impacting the scores pertaining to the efficiency of their processes in this area. Over the course of the last year however, they have brought new staff on board. CRHC quality operations specialists also connected them to training opportunities available through CRHC. Through the clinic's efforts in this area, they were able to increase their score in this area from 76% to 84%.

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

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





*Want to learn more  
about rural health?*

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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.