Meeting productivity demands in healthcare settings

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Disclosures

- Financial:
  - Nothing to disclose
- Non-financial:
  - Have published and presented previously on this topic

Objectives of this session

- Describe different methodologies for calculating productivity
- Discuss creative solutions for meeting these demands
- Discuss strategies for improving efficiency in service provision

Productivity

- What is prompting the big push for productivity?
  - Health care environment
  - Reimbursement changes: Focus on Value, not Volume
  - Scrutiny of services: how can the outcome needed be achieved at least cost

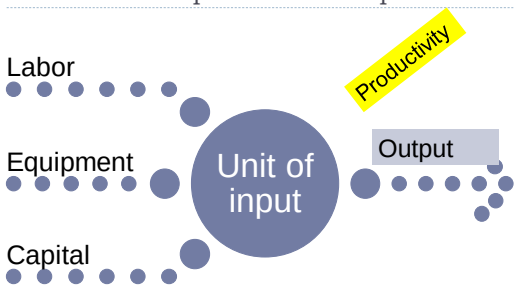
Reducing costs

- Personnel costs typically 50% or more of operating costs
- Therefore, getting the most out of staff (i.e. staff being productive) is one way to keep costs down

What is productivity?

- The amount of output per unit of input (labor, equipment/supplies, capital expenses, other fixed expenses such as utilities). Bureau of Labor Statistics.

How much output from the inputs?



But we aren't making widgets

- Given the complex way facilities are reimbursed, imagine the challenge determining what the revenue will be in order to set a productivity standard
- How is "output" determined?

In health care and other service industries

- Productivity is usually defined as revenue generated by an employee divided by her salary.
- Unless you are an SLP working in a straight-forward fee for service environment (e.g. $75.00 collected for each dysphagia therapy session), this simplistic formula doesn't begin to adequately measure productivity
  - How would an SLP in an in-patient setting generate revenue when the reimbursement to the facility is per diagnosis or per diem?

Output in healthcare

- Unit of service
  - Session
  - CPT Code
  - 15-minute segment
  - RVU
- Knowing what the unit of service is will help you know how to maximize productivity… what is it you have to do "more of"?

What's the difference?

- CPT codes are (mostly) untimed
- Sessions of different lengths all map to the same CPT code
- Some systems establish a 15-minute "unit" to capture productivity
- BUT regardless of the number of "units", the same CPT code will be used
- RVU = Relative Value Unit

Relative Value Unit (RVU)

- Every CPT procedure or service has a resource-based relative value
- Payments for services are determined by the **resource costs** needed to provide them
- Each code has a "relative value" based on 3 components:
  - **Professional work**
  - **Practice expense**
  - **Professional liability insurance**
- All procedures are ranked on this same scale
- Standardized physician payment schedule

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Relative Value Unit
3 Components

- ***Professional Work***
  - Time it takes to perform the service
  - Technical skill and physical effort
  - Required mental effort and judgment
  - Stress due to the potential risk to the patient
- **Practice Expense**
  - Time of support personnel**
  - Supplies
  - Equipment
  - Overhead
- **Professional Liability/Insurance Costs**

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Relative Value to Dollar Value

- Relative Value Units (RVUs) are assigned thru a rigorous procedure developed by the AMA
- Recommendations for RVUs sent to Centers for Medicare and Medicaid (CMS)
  - Accepted, rejected, or adjusted
  - Ranked
- RVU **x** *Monetary Conversion Factor* = Medicare Payment per Procedure
- Establishes the Medicare Physician Fee Schedule
- Payment adjusted for geographic location

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Productivity standards

- Productivity was defined at the number of hours in direct patient care divided by the number of hours worked.

What counts towards productivity?

- 68% said nothing counted unless they were with a patient
- Some were allowed to count:
  - Clinical team meetings
  - In-services
  - Documentation
  - Care coordination activities

In summary….

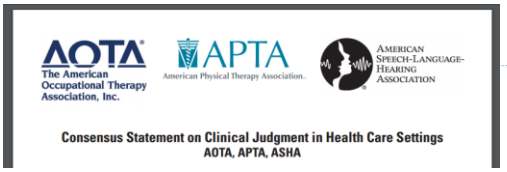
- More than 80% of SLPs in SNFs (95%) and pediatric hospitals (85%) had productivity requirements.
- The average productivity requirement was 79%, ranging from 69% in pediatric hospitals to 85% in SNFs.
- 41% said that meeting the productivity requirement was very important at their jobs.

Problems with productivity standards

- Relying heavily on a budget, which is only a prediction
- Establishing measurement and reporting systems that are so complex that the numbers are hard to understand and use to manage
- The authority for staffing properly is often at the department level, and yet managers at that level do not have the authority for hiring

Problems with productivity standards

- The period for review of the productivity standards is usually so short (e.g. two-week period) that meaningful trends are obscured
- There may be no incentives or disincentives to meet the standards which have been set
- Selecting an industry standard as the benchmark, but not delving deeper to find out what the top performers in the industry are doing to help them perform as they do (Fogel 2004; pp. 2-3; 10-11)
  - Fogel, P. (2004) *Superior Productivity in Health Care Organizations: How to Get It; How to Keep It,* Baltimore, Health Professions Press



Consensus Statement on Productivity and Revenue Conflicts in Health Care Settings (October 10, 2014)

Despite the problems with the standards…

- Two ways to improve productivity:
  - Increase your outputs
  - Reduce your inputs (reduce costs like salaries)

To increase your outputs

- Work smarter, not harder
- Become more efficient
  - With your time on the clock
  - NOT……

What "wastes" <u>your</u> time and keeps you from being more productive?

- What else do you do that someone else less expensive might do?
- Top of license

FTE #1 = FTE #2

- If your facility does not consider that different personnel have different salaries… then convincing them to hire someone to do things that are not at top of license may be a hard sell
- Consider volunteers
  - What could they do?

Challenges to getting documentation "just right"

- Extensive requirements from different payers – things they require in order to pay for the service
- Productivity requirements from employers for more billable time
- Clients scheduled back-to-back in OP
- What others do you see?

How can you be more efficient with documentation in Electronic Health Record

- Document during the session
  - Charting is part of the service you provide
  - Charting is not something extra
  - Unfortunately, this is not typical……

Charting during session fosters client involvement

- ICF Focus on Function
- Who's been to a physician lately?
  - What was that experience like?

Why "batch" charting is not a good idea

- Accuracy
- Not getting "credit" for that time (though the survey says otherwise)
- Not efficient
- Your information is not available for other members of the health care team in a timely way

How can you be more efficient with documentation in EHR?

- Don't over-annotate
  - Annotations should be used when the EHR choices don't adequately and completely describe an occurrence or a patient's response
  - Temptation when moving from paper documentation to an EHR is to use the same "wordy" methodology

How can you be more efficient with documentation in EHR ?

- Be involved in the development/revision of the EHR system so that it works FOR you
- Make the documentation match your workflow
- Caution: with copy/paste function

How can you be more efficient with documentation on paper?

- Document during the session
  - Charting is part of the service you provide
- Certainly more challenging with children than adults

Tip for time saving for evaluation reports

- Develop "standard paragraph" descriptions of each standardized test you usually use.
- Develop a table to insert raw scores, standard scores, percentiles
- Cut/paste to embed these in reports or consider putting them as attachments at the back of the report
- This can keep your report short and more readable
  - Referral sources likely will only read the summary anyway

How can you be more efficient with documentation on paper?

- Develop templates and forms
- Caution with templates
  - He/she
  - Patient name

Tip for time-saving on writing treatment plans

- Develop a goal bank that you can use to cut/paste goals you commonly use
- Develop goal "kits" with goals that often go together for a type of client
  - Voice – Professional User
  - LSVT™
  - Dysphagia – Oral Food Selectivity

Tip for time saving on writing progress notes

- Develop a list of 'skilled' statements to choose from
- Individualize and insert into progress notes
- Use "templates" for progress notes