

## Exploring Sustainability at the Local Level: Anne Arundel County, MD



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### Background



- Request came from MD DHMH – Pilot project
- Call with Anne Arundel County Health Department (AACHD)
- Concern over sustainability
- Assessment plan developed

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### Overview of Family Planning at AACHD



- FP part of Reproductive Health: Same staff and clinical sites – very stable
- 85% of funding from County
- In 2008 changed program population to under 24 year olds
- Reorganization and new program manager Spring 2010
- Prior to FY 12 state budget cuts – County budget FY12 by -15%

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### New Challenges to AACHD Family Planning



- The Title X grant from the State of Maryland has been reduced by \$90,000 dollars.
- Given the fiscal environment, the county contribution to the family program has also decreased.
- State of Maryland implemented a Medicaid expansion for family planning services in January 2012.

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### Training 3 Technical Assistance



- **Goal of TA:** To assess the program operations and financial status to develop a business plan for AACHD family planning program to achieve fiscal sustainability.
  - Review of clinic operations including work flow and staff roles and responsibilities
  - Review of Appointment Scheduling and Template
  - Review of Operation and Financial Reports

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### Site Visit



- 3-day site visit
- Toured 2 health centers
- Met with program leadership and staff

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## Program Assessment



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## Current Family Planning Operations



- **Three Sites**
  - *Parole Health Center*                      *1 four hour session*
  - *North County Health Center*            *5 four hour sessions*
  - *Annapolis Health Center*                *2 eight hour sessions*
- **Staff to Clinician Ratio** - ranges from a high of 13.4 per clinician at North County on Monday to a low at North County of 7.7 on Tuesday

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## Key Data Elements Analyzed



- **Family Planning Visits and Users**
  - 2009-2011
  - By Site
- **Client Retention**
- **Appointment Scheduling**
- **Fiscal Analysis**

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## Primary Findings From Program Assessment

- Decrease in patient numbers & discontinuation of Colpo services
- Clinician ratios to staff (MGMA 2001 Average Staffing Ratio : 4.67:1)
  - Max: 13.4:1
  - Min: 7.7:1
- Clinician productivity (FPAR Region III 2010 – 1978 visits per FTE)
  - Average: 1000 visits/year per Clinician FTE
  - No-show rate: 29%
  - Clinicians did not use CPT coding!

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## Primary Findings

- Appointment Schedule
  - An average of 3.8 visits per hour are on the template.
  - The no show rate of 29 percent
- Key fiscal findings (HRSA performance measures for Title X goal = \$269.55):
  - Average user cost = \$623.50
  - Per visit cost = 319.18
- Billing:
  - Forms not consistent
  - Denials not reviewed/resubmitted
  - Fiscal has not reached out to Medicaid or private insurance to explore contracts.

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## Cycle Time Analysis

- Overall visit cycle time – 56 minutes
  - Average per cent wait time – 41%
- Average Clinician Contact Time – 13 minutes
- Average Nurse Contact Time
  - Pre Nurse – 10 minutes
  - Post Nurse – 5 minutes

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## Accomplishments to Date

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**Action Plan for Family Planning – Healthy Teens and Young Adults**

*UPDATE 9.21.11*

Questions/ Tasks	Person Responsible/Status	Timeline/Next Steps
<i>Clinical Operations</i>		
Initial Staff Meeting Pre-Meeting w/Supervisors Agenda Minute Taker Distribution of Minutes	Kathleen	Completed on August 5, 2011
<b>Communication:</b> Data Dashboard Meetings (DDMs) - COMPLETE Agenda Minute Taker Distribution of Minutes All staff meeting 8.24.11	RH Sups and Kathleen	August 4, 2011 – weekly through August then every other week

7 page Action Plan document created

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## Accomplishments to Date

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- Data dashboard
- Staff meetings and minutes
- Coding training
  - Encounter form
  - CPT codes for FY13 using RVU
- Patient communication resources

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## Clinician Data Dashboard

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North County

Date: \_\_\_\_\_

Clinician	Available Appts	Scheduled Appts	Pts Seen	Goal
402				
501				
503				
603				

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### Nurse Data Dashboard

North County

Date: \_\_\_\_\_

Nurse	Clinic Patients Seen	Walk-In Service:	
		Pregnancy Test	Emergency Contraception
801			
810			
821			
841			
873			
892			
894			
Other:			

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### Challenges

- Appointment system that will maximize revenue opportunity
- Communication between service delivery & billing
- Commitment to program is uncertain.

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### Next Steps for MD DHMH

**WORKGROUP:  
TEAM OF STAFF FROM  
COUNTY HEALTH  
DEPARTMENTS**

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