

HEIDELBERG ORTHOPEDICS BUSINESS PROCESS REENGINEERING

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What we are covering today

- What is going on?
 - What I came into as a new clinician/section chief
- Old clinical business process
- What are we supposed to do?
- New strategy
- Challenges/hurdles
- Initial results of the implementation
- Open dialog during presentation
- Follow up with Tour of Orthopedic Clinic

What is going on?!!!

- Low patient volume
- Low RVU's
- High Patient complaints
- AHLTA blamed for everything

Old Clinical Business Process

- See one patient at a time in office
 - “High school guidance counselor model”
- Exam room attached to office
 - Must go through office to get there.
- View boxes on wall for old radiographs
 - Internet to see PACS radiographs/MRI
- Provider inputs all data into new slow EMR
- Provider fills out all paperwork
- AHLTA aggressively fielded into old business process.
 - Brought inefficient process to it's knees.
 - Why is AHLTA hated?

What is the provider doing?

- AHLTA is killing us!!!
 - Late nights and weekends writing notes
- What are RVU's?
- What is coding?
- Does the Army have a clinical practice business model?
 - See one patient at a time?
- Is it possible to practice quality orthopedics and provide compliance with JC, AHLTA, Hospital policies, Military Medicine,....etc?
- If you know how to do it, come here and show me!!
 - "You are seeing too many patients."

Electronic Medical Record (AHLTA)

- Notes borderline unreadable
 - Box clicking not accurate
- Doc used as typists
- AHLTA designed for Docs to input most stuff
 - Procedures
 - Meds
 - Med reconciliation
 - Hicpics (supply)
- Still very painful for providers

What is Ortho supposed to do?

- Provide excellent orthopedic care to military members and their families
- Provide access to care to as many beneficiaries as possible
- Be a good steward of our resources

New Strategy

- Take charge
- You eat an elephant one bite at a time.
- AHLTA Tiger Team
 - Be part of the solution not the problem
 - Master the system
 - Starting working with Bob Walker, MD
 - Looking at new technology
- Improve coding
 - Library/CME Courses/Coding compliance training

New Strategy

- Establish a Clinical Business Process
 - Patient flow
 - Make AHLTA work
 - Incorporate new interface technology
 - Support staff for data input
 - Increase physician patient face time
 - Meet compliance with JC, AHLTA, TSG, HIPPA, etc.
 - Anything that can ethically and reasonably be delegated down from the physician, should be.

How do we make it happen?

- Set attitude and atmosphere
 - Total honesty
 - Tolerance of mistakes
 - Have fun
- Biggest problems first
 - 86% of hospital medical errors have roots in a SYSTEMIC problem. Focus on the system!
- "Don't tell me about the labor pains.....Just show me the baby!"

Morrissey '96

How do we get the people to do it?

- How many personnel needed to run Clinic?
 - Base on providers in clinic
 - SOP's needed
- Most difficult issue to manage
 - Loss of soldiers to military needs (CSM/First Sergeant)
 - Deployments of soldiers and providers
 - Few in our system have much experience
- NCOIC in charge of this
 - MUST BE PROACTIVE 8 WEEKS OUT

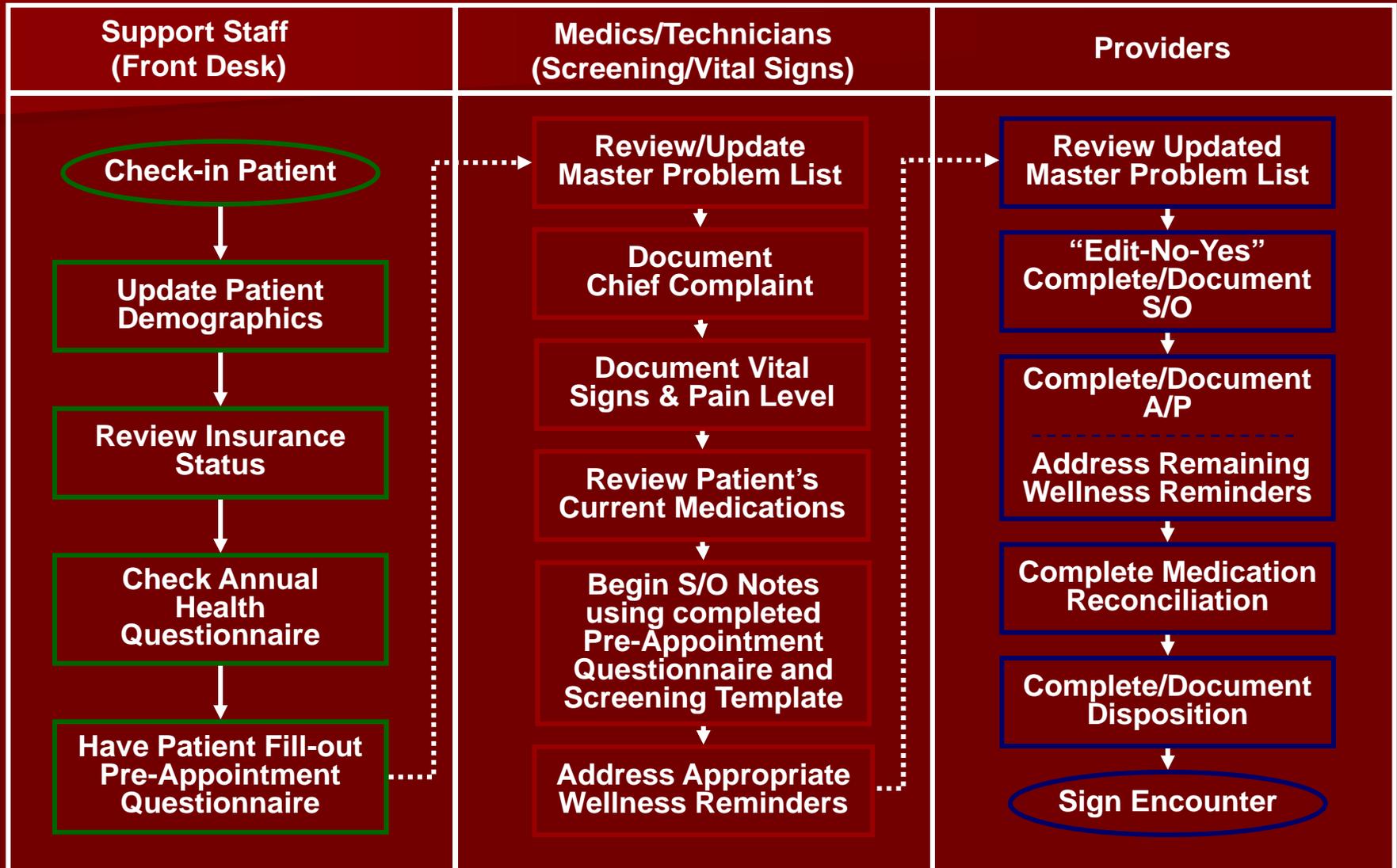
Operational Process

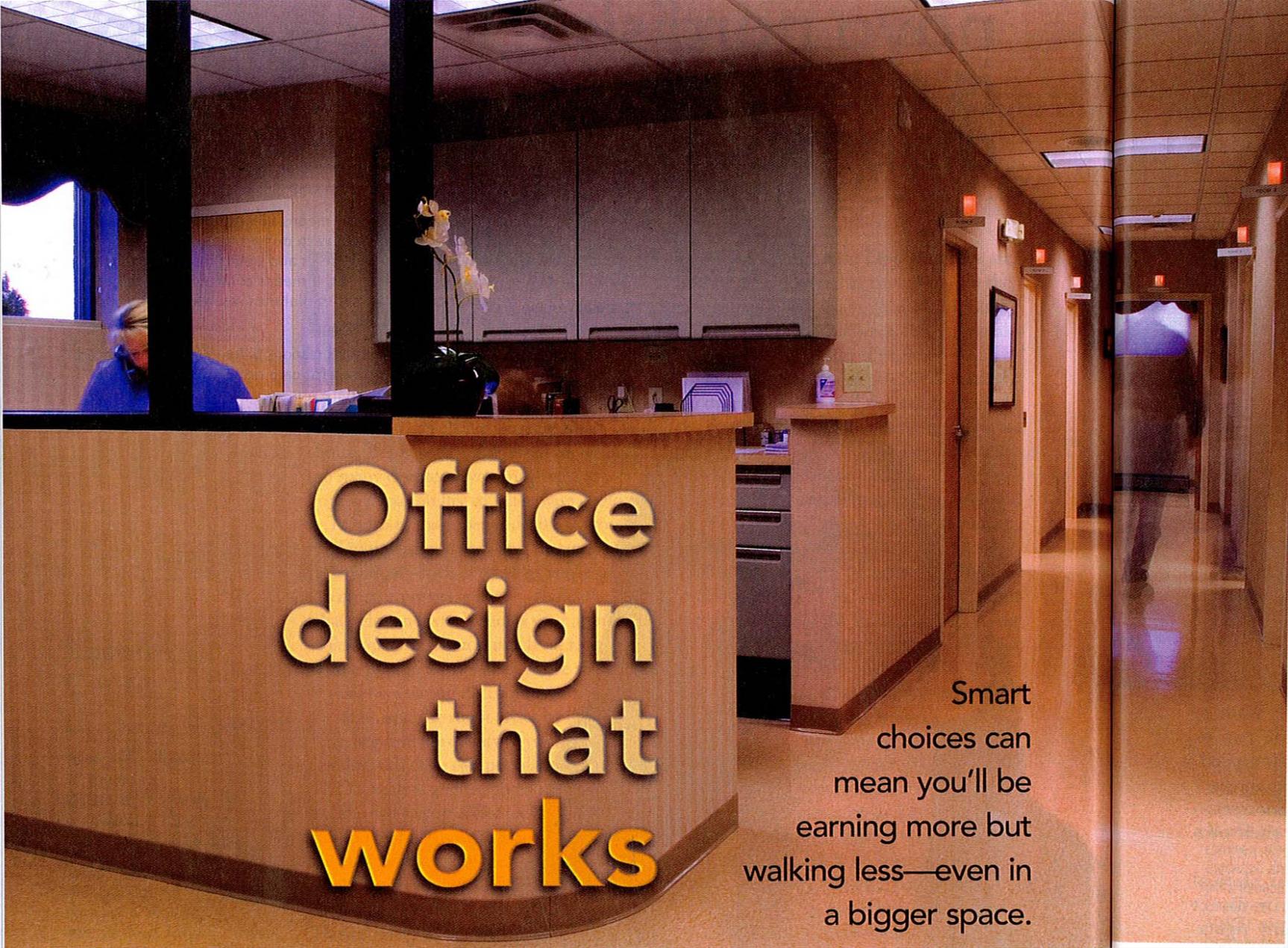
Patient Flow/Clinical Efficiency

- Docs were inputting everything
- Have to have support staff
- Instituted screening
- History and review of systems questionnaire
 - Based on ortho and coding needs
- Front desk must be manned
 - Keep them on Front Desk stuff
- Perform Medicine reconciliation

Outcome-based Clinical Care Process

(from AMEDD AHLTA Guide to Improved Healthcare Outcomes)





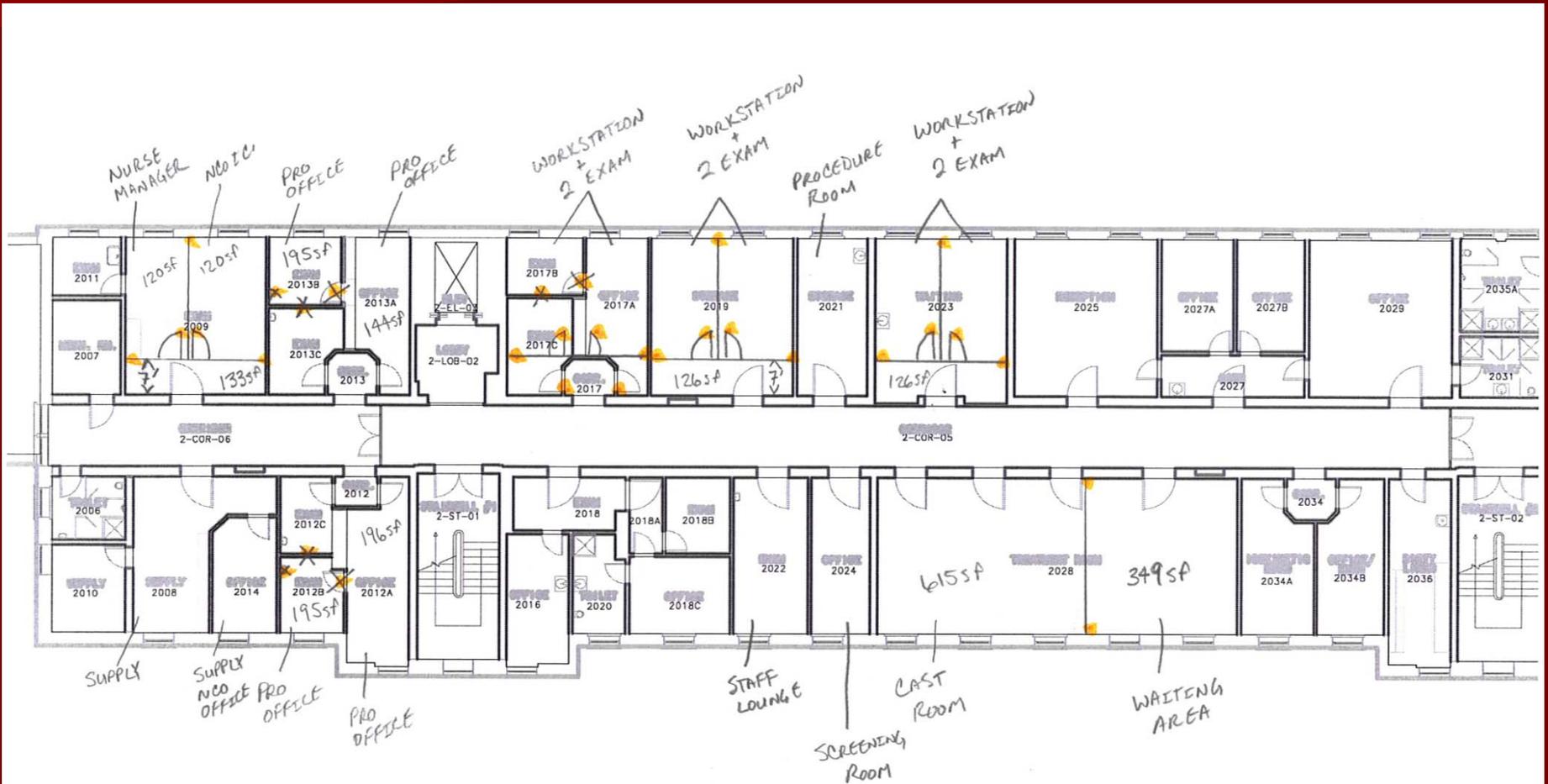
Office design that works

Smart
choices can
mean you'll be
earning more but
walking less—even in
a bigger space.

New Office Design

- New design for patient flow efficiency
- Create 4 work stations
- Designed around new computer capabilities
 - Thinkpads
 - Dragon speak
 - As U Type
 - Radiology at workstations
- Meet JC and HIPPA requirements
- Economical as possible
 - Minimize major construction changes
 - Use equipment from closing clinics

Operational Process Office Design



Coding Improvement

- Started coding for procedures
 - Increase in RVU's/enc 25% overnight
- 100% look at all charts for coding
- Physician education
 - Document, Document, Document...
- Establish preset macros for patient encounters

Timeline

- Came up with plan May/June 2007
- Finished construction September 2008
- Over past year
 - Implemented Thinkpads, Dragon, As U type, Wireless, macros, new patient flow sequence, Radiology screens, new AHLTA templates, stricter consult review and many other variables.

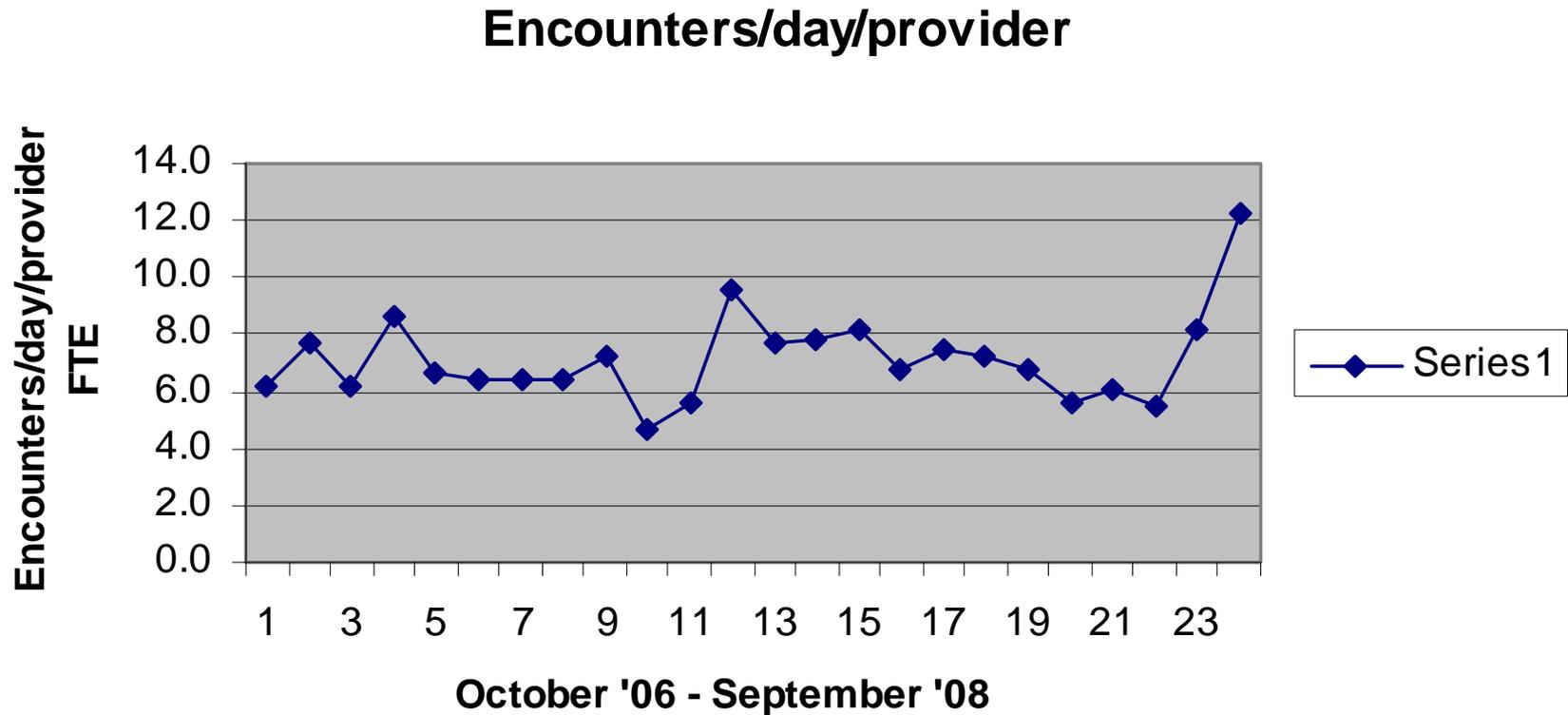
How do we evaluate our progress?

- Patient satisfaction (4 providers)
- Good surgical outcomes
- Increase RVU production
- Increase patient visits per provider
- Fewer visits to produce 1 OR case (recent focus)

More OR Cases per Clinic Visits

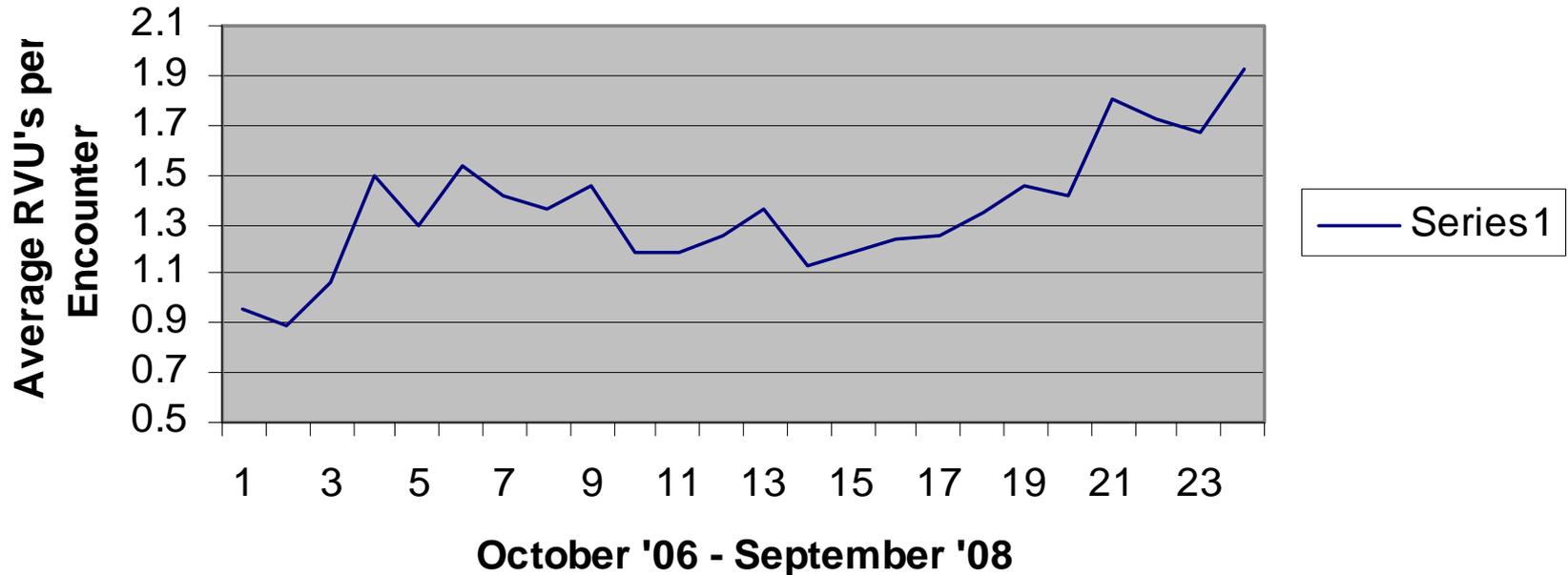
Average number of visits required to produce 1 OR case Mar-Aug '08	9.7
Average number of visits required to produce 1 OR case September '08	7.4
Percentage decrease in number of visits required to produce 1 OR case.	23.7%

Provider's Encounters/day Increasing



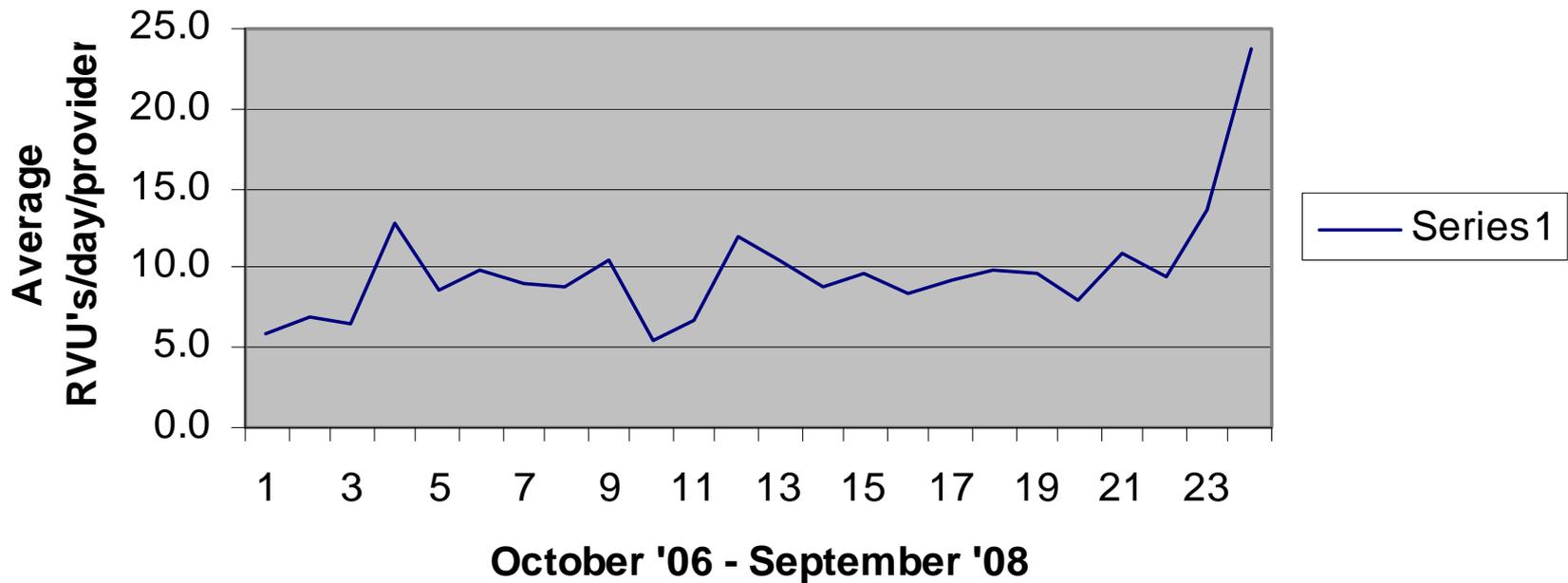
We are Documenting Better

Average RVU's per encounter



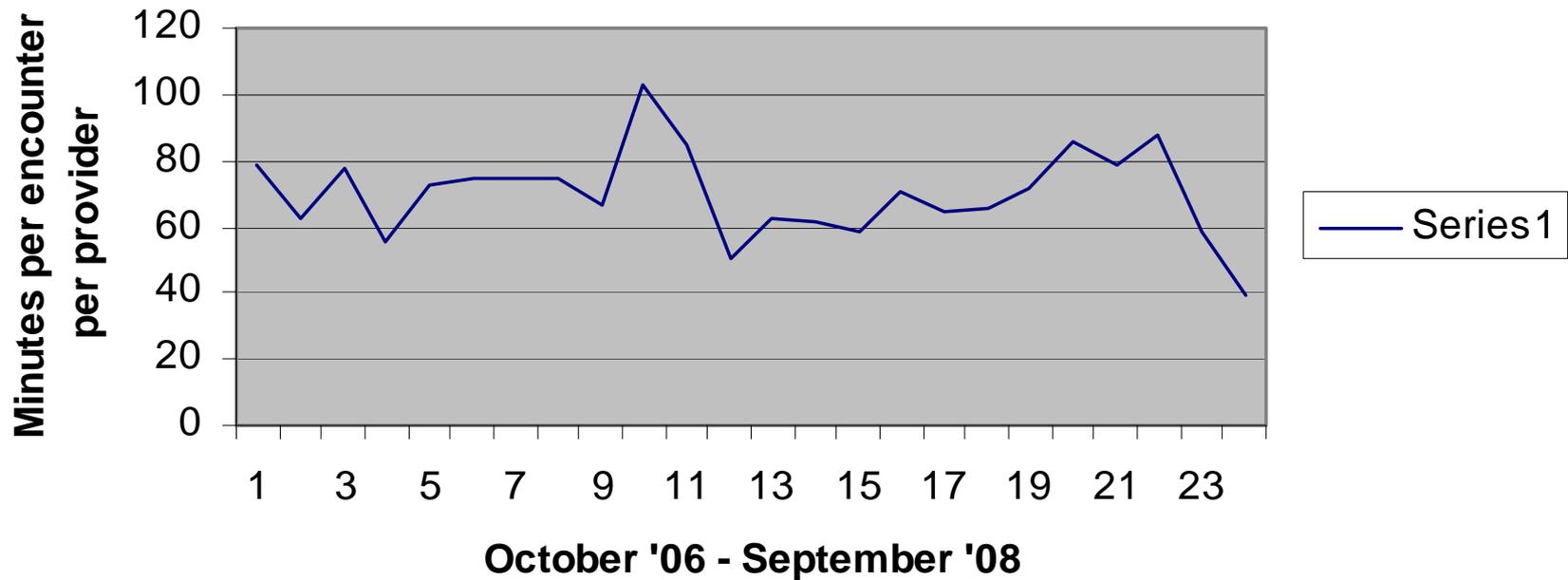
Productivity Increasing

RVU's per Day per Provider



Time Needed to See a Patient Decreasing

AVERAGE TIME IT TAKES TO SEE A PATIENT



Scorecard
Provider Name: MAJ Christopher Hall
Heidelberg MEDDAC - Heidelberg MEDDAC
Specialty -- Orthopedic Care

06 / 30 / 2008 – 07 / 27 / 2008

Period of review
2008

Past four weeks
06/30/2008-07/27/2008

Past 12 weeks
05/05/2008-07/27/2008

Past 52 weeks
07/30/2008-07/27/2008

	Your Scores			Comparative MEPR Scores*		
	Past 4 Weeks	Past 12 Weeks	Past 52 Weeks	Hospital/Clinic	Post	RMC
				Past 12 Weeks	Past 12 Weeks	Past 12 Weeks
Number of Returns	1	6	53			
Satisfaction						
Overall Satisfaction w/Provider	100.0%	100.0%	94.3 %	100.0%	100.0%	94.5%
Overall Satisfaction w/Provider Among Those Who Saw PCM	-	100.0%	100.0%	100.0%	100.0%	100.0%
Key Drivers						
Time Spent	100.0%	100.0%	94.3%	100.0%	100.0%	95.7%
Listened Carefully	100.0%	100.0%	96.2%	100.0%	100.0%	96.8%
Understood Problem	100.0%	100.0%	96.2%	100.0%	100.0%	96.6%
Courtesy and Respect	100.0%	100.0%	96.2%	100.0%	100.0%	96.8%
Explained	100.0%	100.0%	96.2%	100.0%	100.0%	94.7%
Helped	100.0%	100.0%	92.5%	100.0%	100.0%	93.6%
Overall Satisfaction w/Visit	100.0%	100.0%	94.3%	100.0%	100.0%	93.5%

Encounters
Past 4 Weeks 71
Past 12 Weeks 276
Past 52 Weeks 1274

National Benchmark Overall Satisfaction
Civilian 88.00
AMEDD 91.16

Composition of Visits
Clinic, Post and Regional Medical
Command score comparisons are based
upon your dominant specialty.

Clinic
Heidelberg MEDDAC

MEPR
Orthopedic Care

% of Visits
100.00%

Scorecard
Provider Name: MAJ Jeffrey Morgan
Heidelberg MEDDAC - Heidelberg MEDDAC
Specialty -- Orthopedic Care

06 / 30 / 2008 – 07 / 27 / 2008

Period of review
2008

Past four weeks
06/30/2008-07/27/2008

Past 12 weeks
05/05/2008-07/27/2008

Past 52 weeks
07/30/2007-07/27/2008

	Your Scores			Comparative MEPR Scores*		
	Past 4 Weeks	Past 12 Weeks	Past 52 Weeks	Hospital/Clinic	Post	RMC
				Past 12 Weeks	Past 12 Weeks	Past 12 Weeks
Number of Returns	4	8	52			
Satisfaction						
Overall Satisfaction w/Provider	100.0%	100.0%	96.2%	100.0%	100.0%	94.6%
Overall Satisfaction w/Provider Among Those Who Saw PCM	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Key Drivers						
Time Spent	100.0%	100.0%	98.1%	100.0%	100.0%	95.7%
Listened Carefully	100.0%	100.0%	96.2%	100.0%	100.0%	96.8%
Understood Problem	100.0%	100.0%	98.1%	100.0%	100.0%	96.8%
Courtesy and Respect	100.0%	100.0%	98.1%	100.0%	100.0%	96.8%
Explained	100.0%	100.0%	100.0%	100.0%	100.0%	94.7%
Helped	100.0%	100.0%	92.3%	100.0%	100.0%	93.6%
Overall Satisfaction w/Visit	100.0%	100.0%	96.1%	100.0%	100.0%	93.6%

Encounters
 Past 4 Weeks 35
 Past 12 Weeks 216
 Past 52 Weeks 1272

National Benchmark Overall Satisfaction
 Civilian 88.00
 AMEDD 91.16

Composition of Visits
 Clinic, Post and Regional Medical
 Command score comparisons are based
 upon your dominant specialty.

Clinic
 Heidelberg MEDDAC

MEPR
 Orthopedic Care

% of Visits
 100.00%

Scorecard

Provider Name: MAJ Paul Ryan

Heidelberg MEDDAC - Heidelberg MEDDAC

Specialty -- Orthopedic Care

06 / 30 / 2008 – 06 / 27 / 2008

Period of review
2008

Past four weeks
06/30/2008-07/27/2008

Past 12 weeks
05/05/2008-07/27/2008

Past 52 weeks
07/30/2007-07/27/2008

	Your Scores			Comparative MEPR Scores*		
	Past 4 Weeks	Past 12 Weeks	Past 52 Weeks	Hospital/Clinic	Post	RMC
				Past 12 Weeks	Past 12 Weeks	Past 12 Weeks
Number of Returns	3	13	17			
Satisfaction						
Overall Satisfaction w/Provider	100.0%	100.0%	100.0%	100.0%	100.0%	94.6%
Overall Satisfaction w/Provider Among Those Who Saw PCM	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Key Drivers						
Time Spent	100.0%	100.0%	100.0%	100.0%	100.0%	95.7%
Listened Carefully	100.0%	100.0%	100.0%	100.0%	100.0%	96.8%
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Courtesy and Respect	100.0%	100.0%	100.0%	100.0%	100.0%	96.8%
Explained	100.0%	100.0%	100.0%	100.0%	100.0%	94.7%
Helped	100.0%	100.0%	100.0%	100.0%	100.0%	93.6%
Overall Satisfaction w/Visit	100.0%	100.0%	93.8%	100.0%	100.0%	93.5%

Encounters
 Past 4 Weeks 57
 Past 12 Weeks 270
 Past 52 Weeks 516

National Benchmark Overall Satisfaction

Civilian 88.00
 AMEDD 91.16

Composition of Visits
 Clinic, Post and Regional Medical
 Command score comparisons are based
 upon your dominant specialty.

Clinic
 Heidelberg MEDDAC

MEPR
 Orthopedic Care

% of Visits
 100.00%

Scorecard
Provider Name: MAJ Derek Whitaker
Heidelberg MEDDAC - Heidelberg MEDDAC
Specialty -- Orthopedic Care

06 / 30 / 2008 – 07 / 27 / 2008

Period of review
2008

Past four weeks
06/30/2008-07/27/2008

Past 12 weeks
05/05/2008-07/27/2008

Past 52 weeks
07/30/2007-07/27/2008

	Your Scores			Comparative MEPR Scores*		
	Past 4 Weeks	Past 12 Weeks	Past 52 Weeks	Hospital/Clinic	Post	RMC
				Past 12 Weeks	Past 12 Weeks	Past 12 Weeks
Number of Returns	3	7	34			
Satisfaction						
Overall Satisfaction w/Provider	100.0%	100.0%	100.0%	100.0%	100.0%	94.6%
Overall Satisfaction w/Provider Among Those Who Saw PCM	-	100.0%	100.0%	100.0%	100.0%	100.0%
Key Drivers						
Time Spent	100.0%	100.0%	97.1%	100.0%	100.0%	95.7%
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Explained	100.0%	100.0%	97.1%	100.0%	100.0%	94.7%
Helped	100.0%	100.0%	93.9%	100.0%	100.0%	93.6%
Overall Satisfaction w/Visit	100.0%	100.0%	94.1%	100.0%	100.0%	93.5%

Encounters
 Past 4 Weeks 127
 Past 12 Weeks 334
 Past 52 Weeks 1315

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 AMEDD 91.16

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 Clinic, Post and Regional Medical
 Command score comparisons are based upon your dominant specialty.

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Heidelberg MEDDAC

MEPR
Orthopedic Care

% of Visits
100.00%

Summary of initial results

- Increased RVU's per visit
- Increased Patient satisfaction
- Increased OR case productivity
- Increased Encounters per day
- Decreased time to see a patient
- Improved Provider and staff morale
- Many variables
- I Think the New Strategy WORKS!!

Thank you!

Questions?