

ABSTRACT: 2015 ELAM Institutional Action Project Poster Symposium

Project Title: Improving Systems for Measuring and Reporting Clinician Productivity at Cincinnati Children's Hospital Medical Center

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Background, Challenge or Opportunity:

CCHCM clinicians have a productivity expectation of achieving the 75% AAAP metric for their respective specialty, for RVU generation in an academic year. Despite institutional guidelines for required time spent in clinic (based on clinical FTE) per academic year, there is inconsistency across divisions with regards to how productivity is measured, tracked, and reported back to clinicians and institutional leadership. Dashboards, if they exist, vary considerably across divisions. Inconsistency and variability occurs across several areas, including how clinical effort is measured, how productivity is tracked, and how productivity information is shared and incentivized.

Improving consistency in productivity measurement has far reaching implications, including improved performance across divisions, improved access, improved revenue, and improved understanding of non-clinical effort

Purpose/Objectives:

Develop a model for determining clinical effort, tracking clinician productivity, and providing feedback to clinicians, and ultimately to institutional leadership.

Methods/Approach:

Initial approach was to develop and test a process in the Division of Developmental and Behavioral Pediatrics (DDBP) for tracking clinician productivity, with planned spread to other divisions. In DDBP, it became quickly apparent that faculty and staff clinicians were uninformed with regard to RVU based productivity measurement. The following strategies were employed: RVU presentation to DDBP medical faculty and staff clinicians; establishment of DDBP productivity work group; development and testing of productivity dashboards (after review of other dashboards from other CCHMC divisions); meeting with other CCHMC Division Directors to share learnings from DDBP work on clinician productivity; testing clinician dashboards and/or RVU presentation in other divisions

In addition, this project was discussed with Department of Pediatrics Chairwoman, Dr. Peggy Hostetter, who was highly supportive and provided direction and guidance.

Outcomes and Evaluation Strategy:

One primary outcome will be the utilization of one clinician productivity dashboard across the institution. Additional outcomes, as was the case in DDBP, will be improved provider productivity, improved patient access, and improved clinical revenue.

Improving Systems for Measuring and Reporting Clinician Productivity at Cincinnati Children's Hospital Medical Center

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Background

Clinicians in academic medical centers are under increasing pressure to meet specific productivity targets. Cincinnati Children's Hospital Medical Center (CCHMC) clinicians are required to meet or exceed the 75% for RVU generation, based on AAP metrics. Clinicians in the Division of Developmental and Behavioral Pediatrics (DBBP) were not meeting this metric in FY 2014. As DBBP leadership began investigating reasons for poor productivity performance, they found that a consistent system across CCHMC clinical divisions does not exist for measuring, and tracking clinician productivity, nor for sharing productivity information with faculty and staff clinicians.

Objective

Develop a consistent process for determining clinical effort, tracking clinician productivity, and sharing this information with clinicians, and ultimately institutional leadership.



Method

- Review institutional process for determining clinical effort
- Develop presentation on clinical effort and RVUs to DDBP clinicians
- Review clinician dashboards from other clinical divisions (Division of Behavioral Medicine and Child Psychology)
- Develop and test productivity dashboards with DDBP clinicians (MDs and APNs first, followed by psychologists and speech language pathologists)
- Survey DDBP clinicians regarding satisfaction with productivity measurement process
- Meet with three other clinical division leadership teams to share information and experience with productivity process, and learn about their process (Infectious Disease, Adolescent Medicine, Physical Medicine and Rehabilitation)

Results

- DDBP clinicians improved productivity significantly, as measure by RVU per clinical FTE (CFTE)

FY 2014 RVU/CFTE - 2621.08
FY 2014 RVU 75% - 3910

FY 2015 RVU/CFTE - 3953.53
FY 2015 RVU 75% - 3542

- DDBP clinicians and leadership found dashboards very informative- allowed for more targeted interventions to improve productivity
- DDBP revenue improved (FY 13 net loss, FY 14 net gain, FY 15 projected to beat budget)
- DDBP maintained gains in access despite loss of providers
- Successful meetings with three other clinical divisions (Infectious Disease, Adolescent Medicine, Physical Medicine and Rehabilitation). Other division directors highly interested in productivity process; collaboration across business leadership teams started.

Digging Down Into the Relative Value Unit (RVU)

Scenario 1

- 4 Hour Clinic
- (3) 60 Minute Visits Using 99244 (new visit consult)
- (2) 30 Minute Visits Using 99214
 - 99215 - RVU - 3.02
 - 99215 - RVU - 3.02
 - 99215 - RVU - 3.02
 - 99214 - RVU - 1.50
 - 99214 - RVU - 1.50
- Total RVU's = 12.06

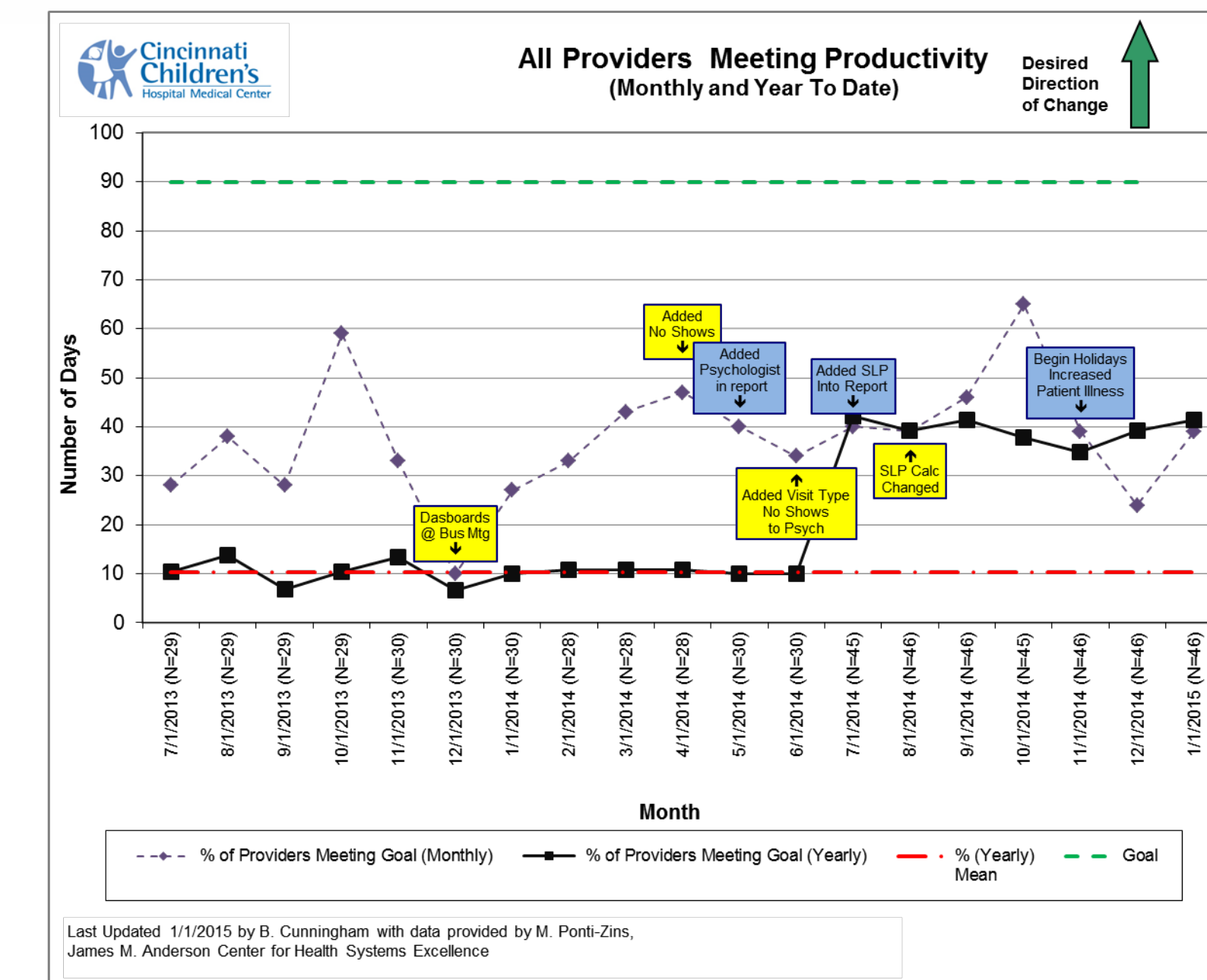
Scenario 2

- 4 Hour Clinic
- (2) 60 Minute Visits Using 99244
- (3) 45 Minute Visits (2.25 hours) Using 99215
 - 99244 - RVU - 3.02
 - 99244 - RVU - 3.02
 - 99215 - RVU - 2.11
 - 99215 - RVU - 2.11
 - 99215 - RVU - 2.11
- Total RVU's = 12.37



Clinical FTE Status	Expected RVU's	Billed RVU's	% to RVU Goal	Charge Count	Avg RVU per Charge	No Show %	Scheduled Appts	Completed Appts	Total Cancelled Appts	no show/same day cancel	Notes
0.6	177.10	160.7	91%	68	2.36	10.26%	34	35	20	4	
0.6	177.10	136.41	77%	61	2.24	14.71%	44	29	30	5	
0.52	153.49	182.35	119%	76	2.40	14.81%	54	46	24	8	
0.52	153.49	162.41	106%	73	2.22	18.52%	55	44	14	10	
0.52	153.49	165.6	108%	72	2.30	18.42%	39	31	21	7	
0.52	153.49	173.01	113%	79	2.19	25.00%	34	21	29	7	
0.52	153.49	122.98	80%	57	2.16	10.00%	54	45	13	5	
0.52	153.49	175.08	114%	82	2.14	24.00%	51	38	19	12	
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0.54	1275.12	1279	100%	568	2.25	16.97%	365	289	170	58	

Total Available Hours	Not Available (PTO, Block, Out of Office)	Total Patient Hours Available	Scheduled Hours	Available Hours	Schedule Utilization	Open Encounters	Lag Days
66.75	10	56.75	43	13.75	75.77%	13	7.0
52.75	25	27.75	23.25	4.5	83.78%	8	5.5
60.6	3	57.60	41.2	16.4	71.53%	22	8.2
54	3	51.00	38.75	12.25	75.98%	11	9.2
49.99	11	38.99	23.66	15.33	60.68%	25	10.7
61.5	35	26.50	20.75	5.75	78.30%	0	8.8
54.6	7	47.60	36.8	10.8	77.31%	13	9.0
51	1.50	49.50	33.25	16.25	67.17%	0	13.1
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451.19	95.50	355.69	260.66	95.03	73.28%	12	9



Next Steps

- Meet with additional divisions
- Present at Divisional Leadership Meeting
- Continue to refine DDBP Productivity Dashboard; develop model aligned with institutional dashboards

Conclusion

Standardizing the process for measuring and sharing clinician productivity can result in improved productivity and revenue for clinical divisions, and provide institutional leadership with a consistent format for clinician level data.

