Improving School-Based Health Care Practice

Practice Management Improvement (PMI)

Participants agreed that the site visits were crucial to the collaborative's success.

"There's no way this would have worked with a manual, or doing it online," said one PMI participant. "We had to be face to face, holding their hands—and holding them accountable," said a PMI faculty member.

Participants suggested that those seeking to replicate a similar objective review process could investigate gaining support from either a county or state health department or an outside consultant.

In resource-strapped health care environments where attention to quality improvements can be challenging, activities designed to improve clinic operations and administrative procedures are valued, but not always a priority. The Practice Management Improvement (PMI) learning collaborative brought these issues to the forefront and guided 16 SBHCs in three states to align clinical and administrative functions to maximize their organization's potential.

EXPECTED OUTCOMES

School-based health centers will be equipped with tools to incorporate into daily practice clinical operation objectives around effective delivery of services, regulatory compliance, accountability, privacy, billing activity, and economic sustainability.

CORE CONTENT AREAS

The PMI intervention begins with face-to-face site visits to the SBHCs, at which time independent reviewers conduct practice management assessments. Several tools were implemented in partnership with the SBHC team. One such tool, the Score Model, allows SBHCs to objectively measure quality on a broad range of clinical operations including facilities, business operations, systems of care management, human resources, and practice compliance. An analysis of strengths, weaknesses, opportunities, and threats (SWOT) was also employed to assess the internal and external SBHC environment. Such tools and techniques give the SBHC team a common language for quality improvement, as well as a baseline for setting and tracking their own markers of change. The PMI collaborative *did not* set explicit outcomes for the sites, only that the SBHC team would assess its operations and make plans for prioritizing and executing quality improvements in accordance with its long-term strategies.

To help them put their plans into action, the collaborative faculty trained the team on using quality improvement learning cycles, Plan Do, Study, Act, or PDSA (see site for detail). SBHC teams also participated in learning sessions in four content areas: continuous quality improvement, coding and coding compliance, policies and procedures, and productivity.

IMPACT

- Facilities' ratings improved from 75% to 88%
- Business operations ratings improved from 58% to 78%
- Human resources ratings improved from 65% to 87%
- Systems of care management ratings improved from 54% to 80%
- Practice compliance ratings improved from 67% to 85%
- Chart and coding compliance reviews documented improvement in CPT and ICD coding.
- PMI tools became popular among state health department program offices, local SBHCs, and even the centers' sponsoring organizations and collaborating agencies.

STRATEGIES & METHODS

Adapt facilities and improve human resources

- Capture photos of facilities and use them as a tool to point out areas of concern.
- Ensure that facilities are in compliance with Occupational Safety and Health Administration regulations.
- Make safety improvements, including posting hand-washing signs at sinks and adding fire extinguishers.
- Rearrange treatment rooms and computer monitors, and use monitor blackout screens to shield information and protect confidentiality.
- Lock medical records previously left unsecured and limit access to areas containing confidential information (either stored or exchanged).
- Identify areas needing additional staff and advocate to shift or add positions.

Improve technology and tools

- Institute new appointment systems and ways to evaluate appointment setting.
- Install more efficient phone systems.
- Explore electronic health record training and implementation.

Refocus or add services as needed

- Decide to change focus and goals to align with identified problem areas, resulting from onsite practice management assessment.
- Identify the need for additional services, such as lab tests.

Reinforce connection among charting/ documentation, billing and reimbursement

- Work to change the institutional culture that discourages coding for services that have traditionally not been billable.
- Demonstrate to sponsoring organizations that proper coding translates into increased revenue and that allowing adequate time for training staff and chart auditing is beneficial.
- Add quality control checklists and reminder lists to charts.
- Emphasize training in proper types of coding (i.e.: E/M vs. preventive).
- Elevate the importance of performing systematic chart audits routinely.