



Bringing Health Care To Schools For Student Success

The SBHC Productivity Template How to Measure How Much We Do

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Objectives:

- Describe core components of productivity in SBHCs
- Produce a SBHC Report Card utilizing NASBHC's SBHC Productivity Template

What is productivity?

- Productivity= Output per unit of input (IOM, 1996)
- Linked to
 - Aspects of the practice setting: size of program, trainees or not, available space, practitioner resources and support, characteristics and requirements of the system
 - Demographics of the population served: age, gender, SES, language
 - Practitioner characteristics: experience, training, provider type

What does it mean to be productive?

- Number of patients seen per unit of time
- Number of patients seen at a 99213 level or above
- Handling a large number of patients with few resources (staff, materials, time)
- Providing care and producing a desired set of outcomes : no hospitalizations, good patient satisfaction, desirable clinical outcomes, limited use of resources

Productivity vs. Caring

- Tension between arrangements that facilitate care and efficient practice on the one hand and intimate and personal relationships on the other is a central challenge for health care (IOM, 1996)

Productivity

- Tightly structured time associated with less immunizations, sparser histories, less female oriented preventive care and more ancillary services BP's, medication checks
- There is some evidence of documented decline in preventative episodic and chronic care performance criteria with encounter rates that exceed 4 pts/hr.
- Ancillary staff single largest contributor to improving productivity

Tools for evaluating productivity

- RBRVS
- RVUs
- Counting visits
- Time motion studies
- Benchmarking
- SBHC report ?

RBRVS: Resource Based Relative Value Scale

- 1992 Medicare standardized physician payment based on a RBRVS scale
- Scale takes into account resource cost needed to provide them divided into 3 components: physician work (54%) ,practice expense, professional liability insurance
- Payments adjusted for geographical differences in resource costs
- Focused on specialty care

RVUs : Provider Work Component

- Procedure complexity
- Intensity
- Degree of independent judgment
- Degree of decision making skill required

RVUs

- Assign relative or weights to CPT codes primarily for the purpose of reimbursement but also for productivity measurement, cost analysis, and benchmarking
- Does not consider outcomes, quality of care or demand for services and do not take into consideration practice efficiencies
- May not account for effects related to training activities

RBRVS

NASBHC

	CPT Code	Work RVU
Comprehensive Hx and PE, moderate complexity (new patient)	99204	2.3
Problem focused history and exam/straightforward (established patient)	99212	.45
Preventive Visit , new, age 12-17	99384	1.53

RVUs

- Obtain RVU work for each CPT Code (practice management system may have or can get at www.AAP.org)
- RVU work x CPT code frequency
- Total the RVU work to calculate provider productivity

RVU Productivity for a provider

CPT Code	Frequency	RVU	Total RVU
99212	68	.45	30.6
99213	124	.92	114.08
Total			144.68

Counting encounters

- Tells you little about the complexity of the problems seen
- Does not allow you to count non billable services or those without a CPT code
- May not allow you to count if a patient is seen by more than one provider for a service

HCPCS: Health Care Procedure Coding System

- Published annually by CMS
- Primarily used to bill Medicare for non physician services and supplies, materials and injections
- Also used to bill for certain services and procedures which are not defined in CPT
- CPT does not have a code for Nurse education individual or group
 - HCPCS:
 - S9445: Patient education, not otherwise classified, non-physician provider, individual, per session
 - S9446: Patient education, not otherwise classified, non-physician provider, group, per session

Time Motion Studies

- Widely used work measurement technique
- An observer can record the occurrence and duration of activities or individual can record their own
- Most helpful when those observed don't work in a circumscribed area doing a single effort

Benchmarking

-the on going process of establishing a standard of excellence and comparing activities to that standard

Benchmarking

- How are other SBHCs doing?
 - What need to be considered to get to this point:
 - Identify who your peers are
 - Identify what you want to compare
- “Best practice” becomes the site or sites with the most efficient clinical operation that has the best results and sets a benchmark standard

DEVELOPING THE SBHC REPORT CARD

What do we know about SBHC
Practice?

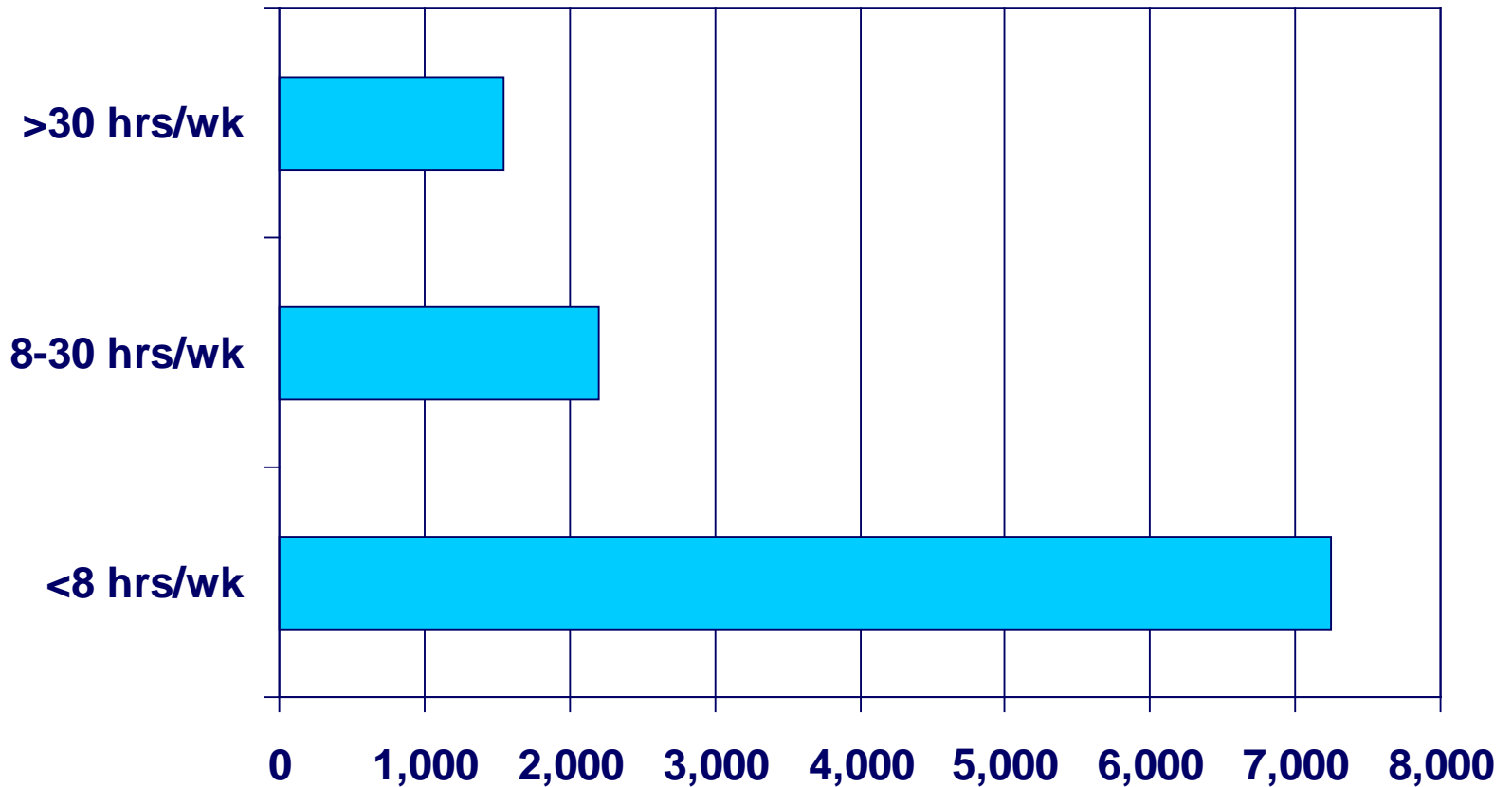
SBHC STAFF

<i><u>Provider Type</u></i>	<i><u>N</u></i>	<i><u>Percent</u></i>
<i>Primary care</i>	<i>1032</i>	<i>95.4</i>
<i>Mental Health</i>	<i>655</i>	<i>60.6</i>
<i>Ancillary</i>	<i>741</i>	<i>68.5</i>
<i>Nursing</i>	<i>569</i>	<i>52.6</i>
<i>Dental</i>	<i>98</i>	<i>9.1</i>
<i>Health Education</i>	<i>164</i>	<i>15.2</i>
<i>Nutrition</i>	<i>110</i>	<i>10.2</i>

(n=1081)

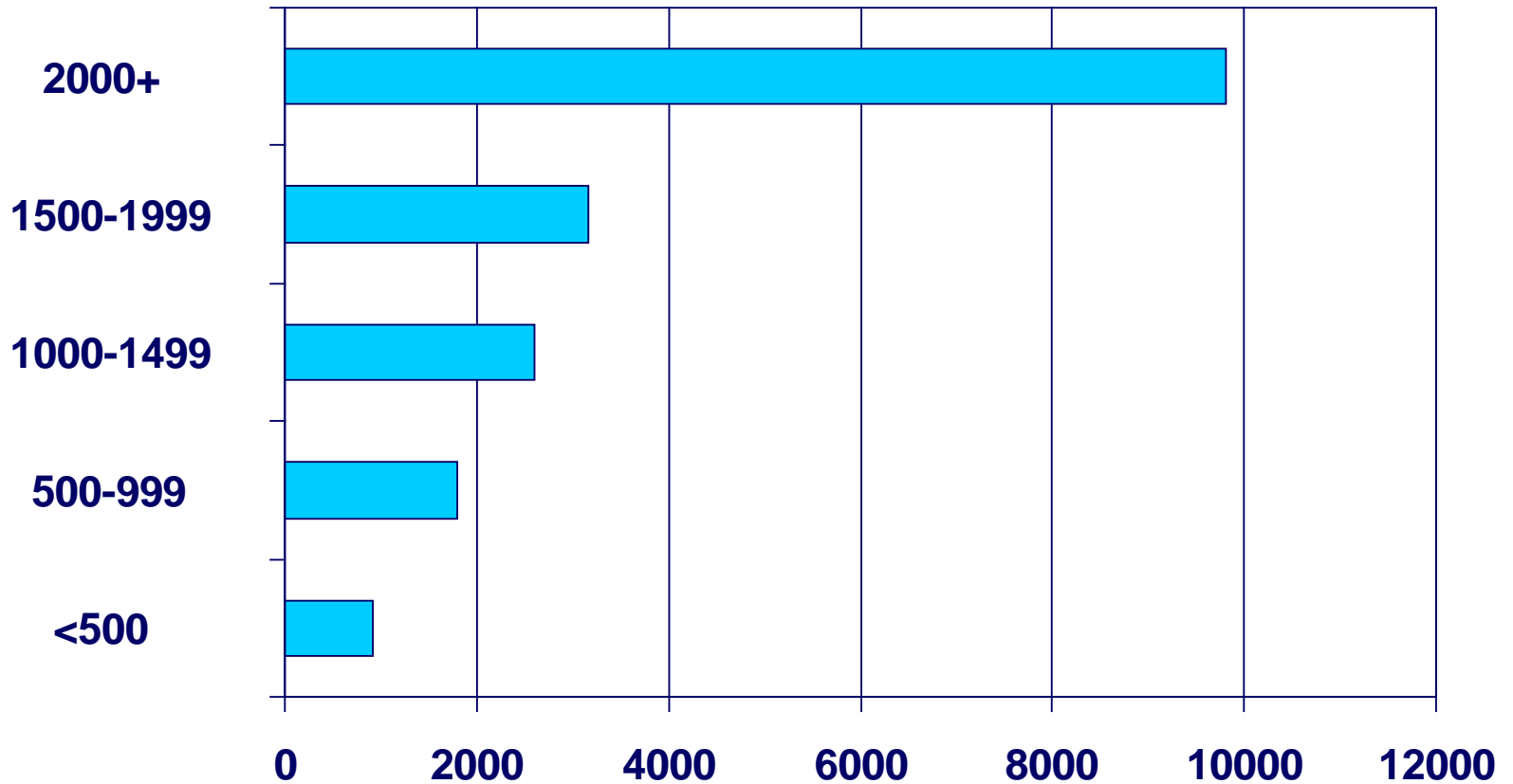
Students Per FTE: Hrs per Week

NASBHC

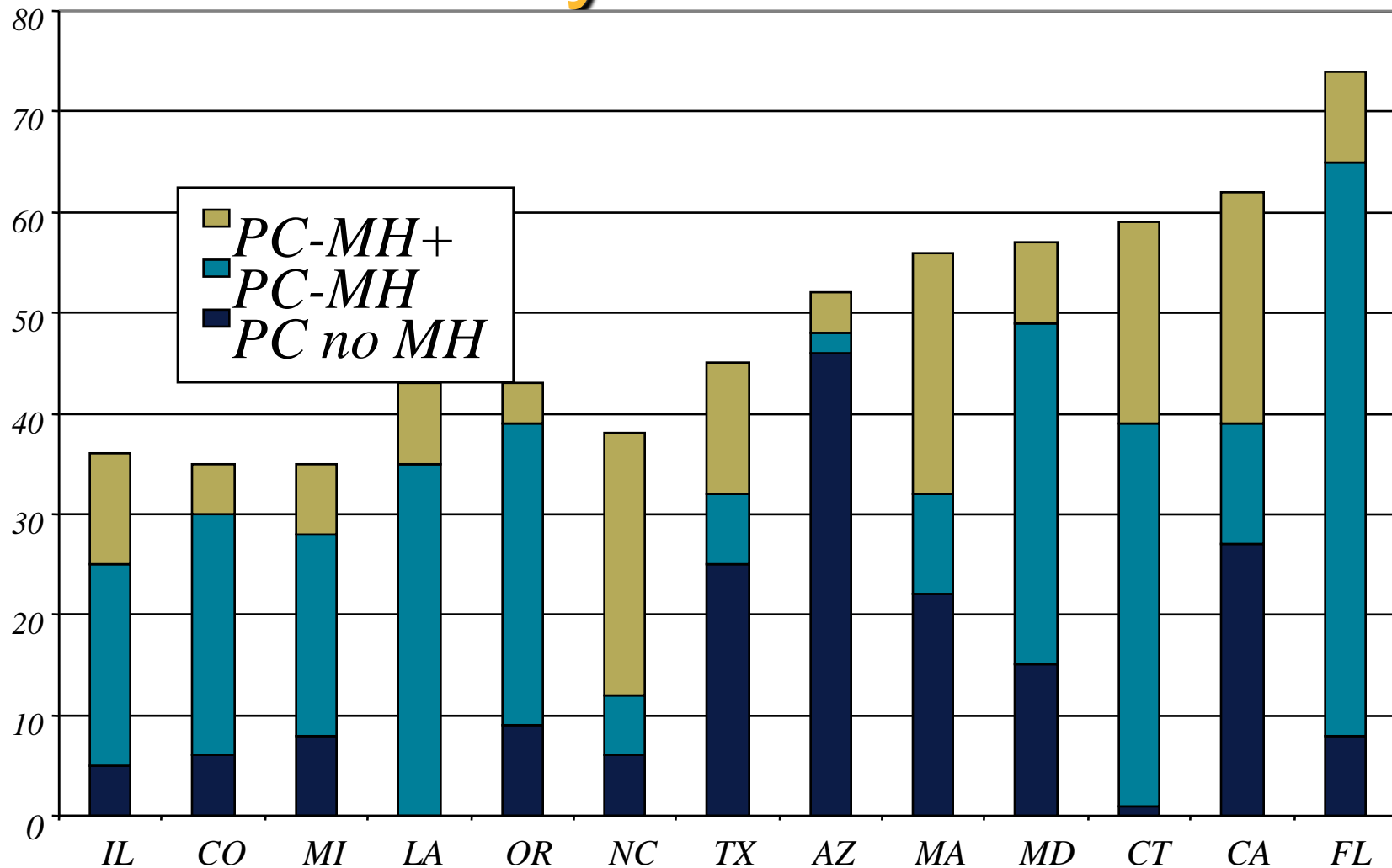


Students Per FTE: School size

NASBHC



SBHC Staffing Models by State



What are the Productivity Modifiers in SBHCs ?

Discussion

Influences on Productivity

Predominant in SBHCs

- Staffing models have less nursing and ancillary support for practitioners
- Limited space
- SBHCs have open access and can be flexible with their time
- SBHCs are mandated to respond with all their resources to crises
- School hours, vacations , weather closings testing days, fire drills
- In many schools the population is highly mobile

Influences on Productivity Predominant in SBHCs

- Adverse selection: underserved communities, uninsured patients, limited English proficiency, students with multiple high risk behaviors
- Practitioners rarely provide only direct services which are most often counted as output (i.e. potentially reimbursable). Services include classroom work, teacher conferences, outreach and community networking

Influences on Productivity Predominant in SBHCs

- Seeing patients without parents
 - Time
 - Nature of the visit
 - Outcome
 - Generates another set of activities

Efficiencies in SBHCs

- Parents time off
- Follow-up less labor intensive
- Identifying problems earlier
- Reduction in more costly emergency room visits

Productivity: How to measure how much we do

Part II

Name of SBHC	# of Student Days in Reporting Period	Hours of Operation
Example High School SBHC	180	7:30 am - 4:00 pm

Description (rural, urban, suburban), Years of Operation, Grades Served
 High School is located in northwest Metropolis. The SBHC has been in operation since 1986. Serves grades 9-12

Enrollment and Clinic Users			
	#	%	Target
School Enrollment	1540		
SBHC Enrollment	1834	100%	85%
SBHC Users	267	15%	53%

Other Resources in School
program
Day Care Center
MSW for special education students
School Nurse-hrs/wk
Yes / 20

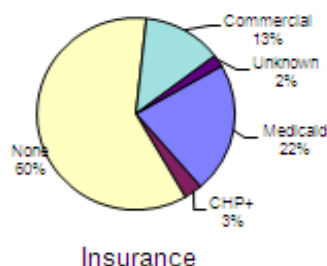
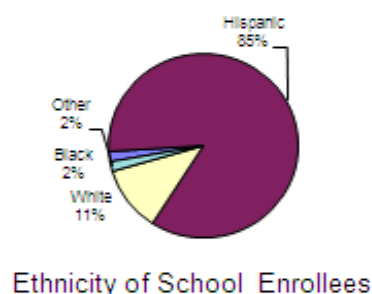
Staff Description		
Title	Hours w	Clinical Hours
NP	37.5	30
Health Care Tech	37.5	30
Child Health Associate	18	15
MH Counselor	37.5	30
MD Consultant	4	3
School Nurse		

School Demographics and Users Insurance Status

School Characteristics
Title I School
yes
% Free and Reduced Lunch
75
%English Language Learners
35

Other Characteristics	
Access for others in the community	limited *
# of exam rooms	2
# of counselling rooms	1
tobacco prevention program	
obesity prevetion project	

Top Five Diagnoses		
Diagnosis	Code	#
ROUTINE CHILD HEALTH CHECK	V20.2	88
IMMUNIZATIONS		38
ACCUTE PHARYNGITIS	462	19
ASTHMA	493.9	19
OTHER SPECIFIED COUNSELING	V65.49	14



Encounter Information

Encounter Type	1st Quarter						Year-to-Date							
	Visits	Target	Difference	RVU	Target	Difference	Visits	Target	Difference	RVU	Target	Difference		
Medical	348	380	-8.0%	518.56	418	24.1%	348	380	-8.0%	518.56	418	24.1%		
Mental Health	0	103	-100.0%				0	103	-100.0%					
Oral Health	49	70	-30.0%				49	70	-30.0%					
Other Visits	0	500	-100.0%				0	500	-100.0%					