CENTER FOR THE HEALTH PROFESSIONS
RESEARCH BRIEF

High Plains Community Health Center: Update 2014

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ABSTRACT

A rural Federally Qualified Health Center (FQHC) in Colorado redesigned its workflow to increase productivity by increasing the number of support staff per provider. Medical assistants (called "patient facilitators" or PFs) are cross-trained to rotate through front and back office roles in a team-based model. PFs are given a number of opportunities for training and advancement within the PF role and may advance to positions such as health coach and community health worker. This initiative not only increased productivity but also produced cost-savings for the organization as well as a number of other beneficial outcomes for patients and staff. This 2014 summary updates the original 2010 case study with new information on staffing, clinical outcomes, reimbursement, and more.

High Plains Community Health Center (High Plains) is located in the small town of Lamar in Prowers County, Colorado. Prowers County is largely rural, with just eight people per square mile. The town of Lamar is surrounded by rolling plains; fields of corn, alfalfa, and wheat; and cattle ranches. Prior to 1995, the county's population of 14,000 was served by just two primary care physicians.

High Plains opened in 1995 as the result of a volunteer effort to address the lack of health care in the area. Because of the high demand, High Plains expanded rapidly to include dental and behavioral health and an on-site pharmacy as well as basic primary care services.

However, productivity was not keeping pace with demand. By 2001, patient wait times were long, productivity was low, and the organization was starting to face financial difficulties. This situation was exacerbated by tension between front and back office staff over roles and responsibilities. As Director Jay Brooke noted, "We were just struggling to break even."[1]

Patient Visit Redesign

In 2002, in response to this situation, High Plains sought and received funding to participate in a

Practice Profile

Name: High Plains Community Health Center

Type: Federally Qualified Health Center

Location: 5 sites based in rural southeastern Colorado; main medical site in Lamar, Colorado.

Staffing: 94 staff and providers, including

- 10 medical providers (5 MDs, 2 NPs, 3 PAs)
- 29 patient facilitators (MAs)
- 11 outreach/education staff, including 7 health coaches
- 14 dental office staff, including 2 dentists, 2 hygienists, and 6 dental patient facilitators (PFs)
- 2 on-site behavior health specialists
- 9 administrative/fiscal/billing staff

Number of Patients: 8,000

Number of Patient Visits: 35,000

Patient Demographics: Approximately 75% of patients qualify as low-income, and 33% are uninsured. Sixty-five percent of patients are White non-Hispanic, and 35% are Hispanic.

Patient Visit Redesign Collaborative sponsored by the federal Health Resources and Services Administration (HRSA).

The goals of the collaborative were to

- Reduce the amount of time patients spend in the health center while simultaneously maintaining or enhancing the amount of quality interaction with staff
- Reduce costs by increasing provider and staff productivity
- Increase productivity by reducing rework, eliminating waste, and simplifying the system

The High Plains redesign team determined that increasing productivity would include shifting as many support tasks as possible from the clinical provider (MD, NP, or PA) to less expensive staff, who were to be cross-trained to perform multiple roles in a team-based model of care. Because of the number of support staff needed to implement this initiative, the decision was made to use medical assistants (MAs) rather than nursing staff to keep costs down. After a very successful pilot, High Plains took the new model systemwide.

All front office and back office support staff—traditionally known as medical assistants—were cross-trained and given the title of patient facilitator (PF). High Plains no longer has roles such as receptionist, medical records clerk, licensed practical nurse, or registered nurse. Staff rotate through the various roles, performing all tasks such as processing medical records, answering phones, greeting patients, triage, and clinical support-related tasks.

Resources

High Plains received an initial HRSA grant to take part in the Patient Visit Redesign Collaborative with other clinics. The grant paid for planning time and training to implement the re-engineering of workflow processes. Participant organizations were required to spend approximately $5,000 to $6,000 to send staff to training sessions.

In 2009, High Plains received a three-year HRSA grant of $330,000 for Rural Health Care Services Outreach to "reduce obesity and chronic diseases by promoting good nutrition and increased physical activity for all Prowers County residents."[2] This grant included funding to cover the training and wages of health coaches.

In 2010, High Plains received a two-year grant of $290,000 from the Colorado Office of Health Disparities for participation in a Health Disparities Collaborative. This grant funded the positions of health disparities coaches and patient navigator. Grant funding also covered the positions of community health worker, quality improvement coordinator, nutritionist, and x-ray technician. Since 2010, additional grants from the Colorado Department of Public Health and the Environment and the Kaiser Permanente Fund have helped High Plains expand and retain its pool of health coaches. Most patient facilitator salaries are covered by general operating funds.

Training

Administrators adopted a philosophy of "hire for attitude; train for skill." They decided that it was more important for PFs to have good customer-service skills to fit the patient-centered model than to have MA training or certification, which High Plains could offer on-site. Lamar's distance from any urban center with an MA training program makes this philosophy even more relevant. High Plains is certified as a training institution for the

certified clinical medical assistant (CCMA) credential offered through the National Healthcareer Association. High Plains has an approved proctor and can offer the exam on-site. A number of PFs have received their CCMA certification at the clinic.

Weekly one-hour PF training sessions conducted by provider staff or by the registered dietitian are integrated into working hours. PFs also take part in ongoing station training in which they are asked to demonstrate their skills and competency via hands-on activities such as placing EKG leads and placing and removing casts. PFs are tested in each area and surveyed to assess their comfort level in performing each activity so that supervisors can identify additional training that may be needed. New hires receive a competency check-off list of skills and knowledge they need to acquire, which is reviewed and initialed by a supervisor as they move through the station training and job shadowing. It takes three to six months for a new PF to be fully trained into the position.

High Plains makes a number of additional training and promotional opportunities open to staff. For instance, several PFs took a consultant-led course to become certified as limited-license radiology technicians. Three PFs also took a correspondence course to become pharmacy technicians in order to work in the on-site pharmacy.

Redesign in Practice

High Plains has organized its primary care staff into seven teams, each composed of one provider, three PFs, and one health coach.

The PFs rotate through all responsibilities. Each PF puts in two weeks on the floor with the provider and a third week working in medical records before returning to the floor again. PFs may also be called upon to serve as greeters and front desk receptionists.

These teams are static, so patients become familiar with their providers' PFs. Any PF associated with a provider can answer that provider's patient calls and can get answers for patients' questions. The office is wireless, and the PFs have access to patient records via laptop computers that they carry with them. Because of this system, any PF can look up information on-the-spot for patients.

High Plains strives to provide all patient care in one room instead of moving the patient from room to room, adhering to the policy "Organize your work around the patient rather than organizing the patient around your work."[3] Not only are medical

procedures and tests such as EKGs, blood draws, and injections performed in the exam room; the PF also collects the co-pay and insurance information there. However, the PF does not stay in the room during the provider's exam.

PFs do more than assist patients with their medical needs. They schedule appointments, greet patients at the front door, provide information about insurance coverage and co-pays, facilitate specialist referrals, refer patients to lab tests, report the results of lab tests to patients, screen for depression, take triage calls, and assist the patient in accessing community resources.

Additional grant-funded roles such as patient navigator, community health worker, and health coach have been incorporated into this model, further improving options for patient care.

Health coaches, many of whom were formerly MAs, have become more integrated into this model over time. They teach classes in the community such as smoking cessation, healthy living, and weight loss as well as see patients one-on-one around self-management goals.

Organizational Outcomes

High Plains has realized a number of beneficial outcomes as a result of its participation in both the Patient Visit Redesign Collaborative and various chronic disease and health disparities collaboratives.

Administrators estimated cost-savings for the redesign initiative by examining the income provided by each additional patient visit per provider hour balanced against the costs of bringing on new support staff and equipment purchases. Increasing the number of patients seen from the 2000 average of 1.82 patients per provider hour to between 2.6 and 2.8 patients per provider hour translates into roughly $67,000 more per year per team, or almost $500,000 per year for all seven teams. Productivity bonuses for staff (as well as for providers) further incentivize these efforts.

High Plains uses registries and its electronic health record (EHR) to track patient needs and outcomes and provides employees with ongoing feedback about the center's progress in meeting clinical goals. The health center has been successful in achieving a number of positive health-outcome goals for patients, including encouraging diabetic patients to develop self-management goals (up from 63% in 2001 to 97% in 2013), and in increasing the percentage of diabetic patients with blood pressure under control from 38% in 2004 to 51% in 2013. Outcomes for patients with cardiovascular diseases (CVD) have also improved, with the percentage of CVD patients with blood pressure under control improving from 46% in 2006, to 68% in 2010, and to 76% in 2013.

Career Advancement

PFs receive ongoing training and opportunities for advancement through expanding their skills as PFs or through promotion to other positions within the organization.

All of the 29 PFs are salaried and may receive increases in pay of approximately $0.25 per hour as a result of taking part in specialized training such as that required for pharmacy technician or radiology technician certification.

Most other nonlicensed staff at High Plains started as PFs. Positions filled by former PFs include health coach, community health worker, patient navigator, quality improvement coordinator, and medical operations supervisor. Many of these positions are funded by grants and hence temporary, although they may entail substantial pay increases. Health coaches, for example, earn approximately 42% more than PFs do and receive additional pay if they are bilingual. Grants generally provide funding for extensive additional training for these new positions, including training in medical interpretation, motivational interviewing, and disease -specific topics.

Challenges

Finding providers willing to relocate to rural Colorado has often been challenging, and many only stay long enough to qualify for HRSA's National Health Service Corps Loan Repayment. This turnover disrupts continuity of care. Turnover also decreases productivity as new providers need time get up to speed.

The organization initially lost even more providers as a result of the redesign. Some providers would have preferred that their favorite PFs work with them on the floor and not rotate to work as greeters or in medical records. High Plains has tried to ensure provider buy-in by allowing providers to customize some of the training that their teams receive rather than standardizing all training across the system so that providers can get the individualized support they need.

Although the EHR has been the key to higher productivity and better health outcomes, it initially slowed down operations. Some providers lacked computer skills to work with the EHR and needed to be assisted by staff. Patient facilitators are required to have computer skills as a qualification for employment. However, while the clinic leadership can afford to refuse to hire PFs with no computer

skills, they cannot take the same measure with hard-to-recruit providers.

As the organization strives to provide more comprehensive services for patients and promotional opportunities for staff, it must also search for sustainable funding for current "soft-money" positions such as health coach.

Moving Forward

Lamar, like many other small rural communities, is losing residents. However, Colorado is one of the states that approved the Medicaid expansion provision of the Affordable Care Act. High Plains has hired several enrollment guides to help patients through the enrollment process, a move that should expand its patient base somewhat.

With the addition of a pediatrician, High Plains' numbers of patients and visits have already increased by about 20%.

Conclusion

High Plains Community Health Center adopted a radical reorganization of its operations in order to boost productivity and morale. Because the organization has adopted a "grow-your-own" strategy as part of its reorganization, it offers MAs numerous additional opportunities for training and growth.

In 2012, High Plains achieved Level 3 Patient-Centered Medical Home recognition from the National Committee for Quality Assurance (NCQA). In 2013, High Plains was one of the 30 practices nationwide selected for the Robert Wood Johnson Foundation/Group Health Institute Learning from Effective Ambulatory Practices (LEAP) Study.

Notes

[1] Jay Brooke, interview, June 30, 2010.

[2] Health Resources and Services Administration. (2009). *Rural Health Outreach Grantee Directory FY 2009*. Grant Summary, High Plains Community Health Center Grant #D04RH12669. (P. 77).

[3] High Plains Community Health Center. (2002). *Team Journey Redesign Collaborative Team Presentation.* PowerPoint presentation, slide 7.

Acknowledgments

Innovative Workforce Models in Health Care is a series of case studies showcasing primary care practices that are expanding the roles of medical assistants in innovative ways. Profiled organizations are implementing practice models that improve organizational viability and quality of care for patients while providing career development opportunities to frontline employees. This research is funded by the Hitachi Foundation as part of its Pioneer Employers Initiative.

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To read the full 2011 case study, please see High Plains Community Health Center—Redesign Expands Medical Assistant Roles

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