

Health Center Stories:

ChapCare, CA

The following summary describes how ChapCare in Pasadena, CA planned and implemented a site-level productivity improvement project using financial and operational data and qualitative assessments of patient processes.

About ChapCare

ChapCare is a Federally Qualified Health Center offering a wide range of health care services to residents of the San Gabriel Valley in southern California. Founded in 1995, ChapCare currently operates eight health center facilities. In addition to providing medical, dental, behavioral health, and specialty care services, ChapCare also addresses health disparities in its communities by providing a vast array of wellness services, including nutrition counseling, health education classes, and prevention programs.

ChapCare’s mission is to provide excellent, comprehensive, and innovative health care that is accessible to all the residents of the San Gabriel Valley. The majority of the patients served by ChapCare are classified as low-income. In 2016, ChapCare served 15,145 patients, 80 percent of which earned less than 200 percent of the Federal Poverty Level. Twenty percent of ChapCare patients were uninsured and 69 percent were Medicaid recipients.

Project Description

ChapCare has experienced rapid growth over the past eight years, increasing from one to eight primary care clinics. However, this high growth was accompanied by a decrease in provider productivity as well as a decrease in staff satisfaction. Due to the rapid increase in the number of patients served by the health center, providers became frustrated that they were unable to spend sufficient time with patients to meet their individual care needs.



Health Center Stories:

ChapCare, CA



Another core issue for providers was that they felt overburdened and did not have sufficiently qualified support staff to whom they could delegate tasks. At the same time, patients were also becoming frustrated by the lack of appointment availability, and the inability to obtain timely referrals for specialty care providers and prescription refills.

In response to these improvement needs, ChapCare determined that it needed to change its staffing mix to utilize more certified Medical Assistants (MAs) and registered nurses to alleviate currently overburdened providers. ChapCare had already been implementing these staffing changes for a few months when they learned about Optimal Performance Services (OPS), an interactive data analytics process that was being piloted in California by Capital Link and HealthMetrics. OPS assists health centers in understanding the operational drivers of their performance, how their process of delivering care influences these drivers, and how specific interventions can lead to positive results. ChapCare felt that participating in the OPS program would complement and enhance the changes they were working on and their plans for further staffing and operational improvements.

ChapCare participated in OPS from September 2016 to January 2017. The organization found that the changes they had begun to make before they started OPS were further reinforced by the program. Particularly, the ability to obtain assessments (quantitative and qualitative) from industry experts was key to gaining staff buy in and trust. ChapCare staff from all areas of the organization were engaged and ready to take steps to implement change, this included ChapCare leadership as well as providers. The internal project team included operations staff, as well as providers, and a designated project lead. The providers on the team were enthusiastic participants; they knew changes were needed and enjoyed having a seat at the table for the discussions.

A key for successfully implementing change was to ensure that there was a stable organizational environment in terms of workforce, management, and systems. ChapCare prioritized its work by first focusing on stabilizing its workforce and ensuring that systems, procedures, and expectations were firmly established and adhered to.

Health Center Stories:

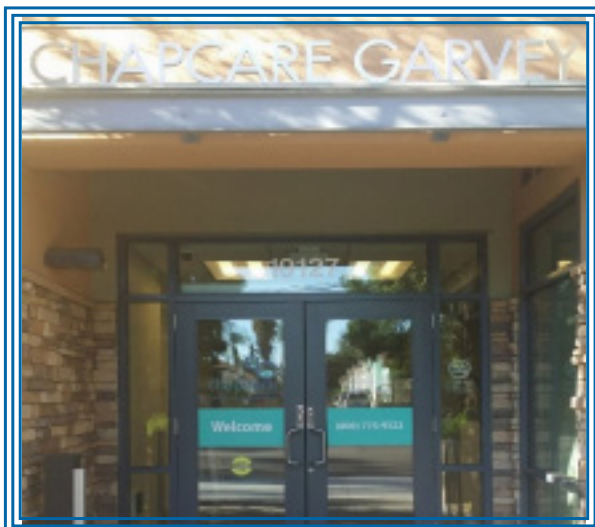
ChapCare, CA

Specific improvements ChapCare was able to implement and enhance through its work in OPS included:

- **Staff Training** – ChapCare discovered that providers have a higher level of trust in staff that have certification and proven/tested skill sets. Specific staff training changes included:
 - ChapCare provided all staff MAs the opportunity to become certified. In order to continue employment at ChapCare, staff was required to pass the certification test, and was giving several chances to do so over a three-month period. Staff was paid for time spent attending trainings, including overtime on Saturdays. Prior to this initiative, ChapCare had no certified MAs on staff.
 - > Ninety-two percent of MAs are now certified, 75% of which completed their training through ChapCare.
 - New staff now receive a more thorough onboarding process. They spend a week familiarizing themselves with staff roles within their department and others, and learning about ChapCare’s culture.
 - Additional Licensed Vocational Nurses (LVNs) were hired and trained to take on duties currently conducted by providers in order to lighten the work load.

Perhaps the most important result of this work was that ChapCare was able to address an element of their organizational culture that included feelings of superiority and entitlement based on the number of years of experience and shift to one that is skill-based. Every employee has a skill set that matches their job description, and this is what now informs advancement and salary decisions.

- **Salary Increases** – Through OPS, ChapCare was able to develop salary benchmarks based on the entire industry (not just FQHCs). After an honest evaluation, they learned they were paying some staff only 50% of the market-rate salary while providers were earning 75%. This was the basis for their decision to increase all salaries, train and upgrade staff, and provide specific expectations and accountability. Although these equity pay increases have added to ChapCare's labor costs, it has increased employee retention and created a more professional workforce.



Health Center Stories:

ChapCare, CA

- ChapCare is now paying all staff 85% of market with the potential for an incentive bonus based on specific, measurable goals to bring them to 100%.
- Prior to this initiative, MAs were paid \$11-11.50 per hour. Now, 75% of certified MAs are paid \$14.50 per hour. The remaining 25% of certified MAs have been with the health center for more than five years and therefore receive \$16 or more per hour. The increase in skill level enables the certified MAs to work at a higher-level (and be held accountable). They've also earned a higher level of trust from providers who have a clearer understanding of what MAs are trained on and capable of doing.
- **Quality Review Committee (QRC)** – ChapCare established a QRC which consists of the Chief Care Officer, pharmacist, and providers, which gives them a voice in decision making and organizational improvement plans. This group has been essential to the process of determining and implementing change. They meet monthly and all providers are invited to participate. The ChapCare leadership team encourages provider participation because they understand how important the provider perspective is to the organization.

Next Steps

As ChapCare continues to implement changes, their goal is to ultimately achieve the following positive outcomes:

- Increase in provider productivity
- Increase in patient satisfaction
- Reduction in wait times for new appointments
- Reduction in wait time for patient referrals
- Reduction in wait time for prescription refills
- Increase in staff satisfaction
- Reduction in staff turnover

Additionally, ChapCare has begun implementing the following specific improvement projects:

- **Staff Incentive Plan** – Eventually, every staff member will be assigned five specific goals based on assessment measurements, and will receive a quarterly bonus (at the department level) if goals are achieved.
- **Provider Productivity** – ChapCare plans to rework the current schedule for providers and hire additional practitioners. Also, a staff member will be assigned to input patient information into the EHR system in order to free up provider time.
- **Patient Surveys** – Patient satisfaction surveys, which are currently conducted once a year, will be conducted more frequently and responded to quickly to ensure high patient satisfaction.
- **Employee Surveys** – ChapCare has begun conducting an employee engagement survey. Surveys were completed in May 2017 and are currently in the process of being analyzed. Results will be presented to the staff in June for feedback and an improvement plan will be developed. After the improvement plan has been implemented, ChapCare plans to redistribute the questionnaire in September 2017 and compare results.

Health Center Stories:

ChapCare, CA

When making any type of organization-wide change, it is important to continuously monitor, evaluate, and make adjustments as needed. ChapCare has come to realize the importance of systematically ensuring that the correct staff member is aligned to the correct task in order to increase trust and efficiencies. For example, while the conversion to certified MAs was an appropriate first step, there are times when a licensed RN is necessary for a specific task. Specific protocols regarding staff roles and responsibilities as well as how to handle certain health issues, follow ups, etc. will need to be established. The project team's continued evaluation and open and honest communication will be key to ongoing success.

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