

# El Centro de Corazón

## **A Roundtable Discussion of One Clinics Experiences with Access and Redesign**

Michael Nelson, PA-C  
Clinical Operations Manager

# Points for Discussion

- Why Access and Redesign
- Brief History of El Centro
- Our Demographics
- A&R Successes and Challenges as a Provider and Administrator
  - Measures of Access
  - Measures of Redesign
- Your questions/concerns

# Why A & R

- Aim
  - Any patient should be able to see their provider when they want.
- Disaster
  - When demand for resources exceeds available supply

# The (Brief) History of El Centro de Corazón

- **June 1994 - El Centro was established as a community-based social service organization for East End families, with an initial focus on early childhood development.**
- **1996 - El Centro established a mental health program, which has expanded into eleven Houston Independent School District (HISD) schools and established a youth program.**
- **October 2003 - El Centro merged with Eastwood Health Clinic**
- **December 1, 2003 - El Centro successfully applied for a federal FQHC grant, and expanded its programs to include primary care in the East End.**
- **February 2004 - El Centro began providing adult and pediatric primary care at Eastwood Clinic.**
- **February 2005 - El Centro began providing prenatal care at the Navigation clinic and dental services at Eastwood**
- **June 2005 Eastwood expanded hours until 7pm M-Th and Sunday from 9-1.**
- **September/October 2005- El Centro worked with Katrina evacuees in area shelters**
- **November 2005 – El Centro expanded into Magnolia Clinic through a Texas Department of State Health Services (DSHS) FQHC Incubator grant.**
- **September 2006 – Eastwood Clinic further expanded hours M-Th until 9pm**

# What We Do

- Provide Adult and Pediatric Primary Care, Prenatal Care and Dentistry along with Behavioral Health Services at 3 clinic locations in Houston's East End.
  - Eastwood Clinic
  - Navigation Clinic
  - Magnolia Clinic

# Where We are Now

- Five FTE Medical Providers
  - One Internal Medicine
  - One Pediatrician
  - One Family Nurse Practitioner
  - Two Physician Assistants
- Two FTE Dental Providers
  - One DDS
  - One Dental Hygienist
- Twelve BHS Staff
  - LCSW, LMSW, LCP, LCDC, Caseworkers, Navigators

# Who We Take Care Of

- 9220 Active Medical Patients
  - 75% Hispanic
  - 30% Comfortable Speaking English
  - 30% Patients Below 100% FPL
  - 25% Have Medicaid/Medicare/CHIPs



# Our Clinic upon entry into A&R

- January 2005: Hired first FTE Provider
  - Prior to that clinic operated with contract physicians group
- March 2005: COO left agency
- May 2005: First FTE Provider became Clinical Operations Manager
- June 2005: A&R Prework began
  - Total Clinic Experience with Collaboratives was ~ 6 months as a Phase 1 DM team headed by DON
- July 2005: Second FTE Provider hired as Medical Director

# Our Clinic road during A&R

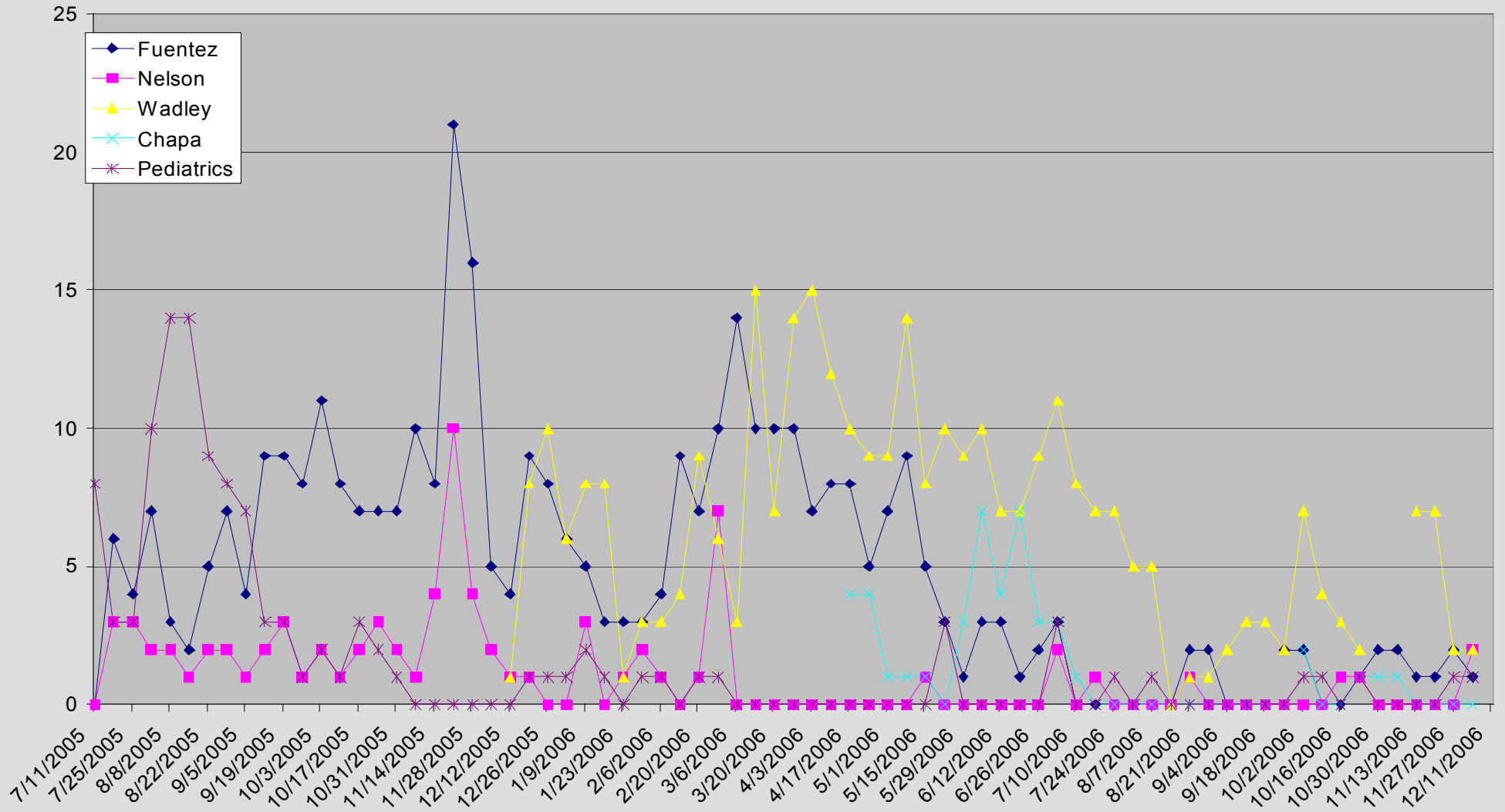
- August 2005: First A&R learning session
- September 2005: Katrina/Rita
- November 2005: Third FTE Provider (PA)
- November 2005: Second learning session
- December 2005: Fourth FTE Provider
- January 2006: Third learning session
- March 2006: End of mini-collaborative
- July 2006: Fifth FTE Provider and completion of transition from contract staff to directly employed provider staff.

# Measures of Access

- Third Next Available Appointment
  - Clinic Average High – 12 days
  - Individual Provider High – 21 days
  - Current Clinic Average – 1 day
  - Individual Provider – 0-2 days
  - Stable backlog vs. growing backlog
- Panel Size
  - March 2006 – 6557
  - December 2006 – 9220
  - Clinic Panel Growth Rate >4% per month
  - Quick and dirty breakout method

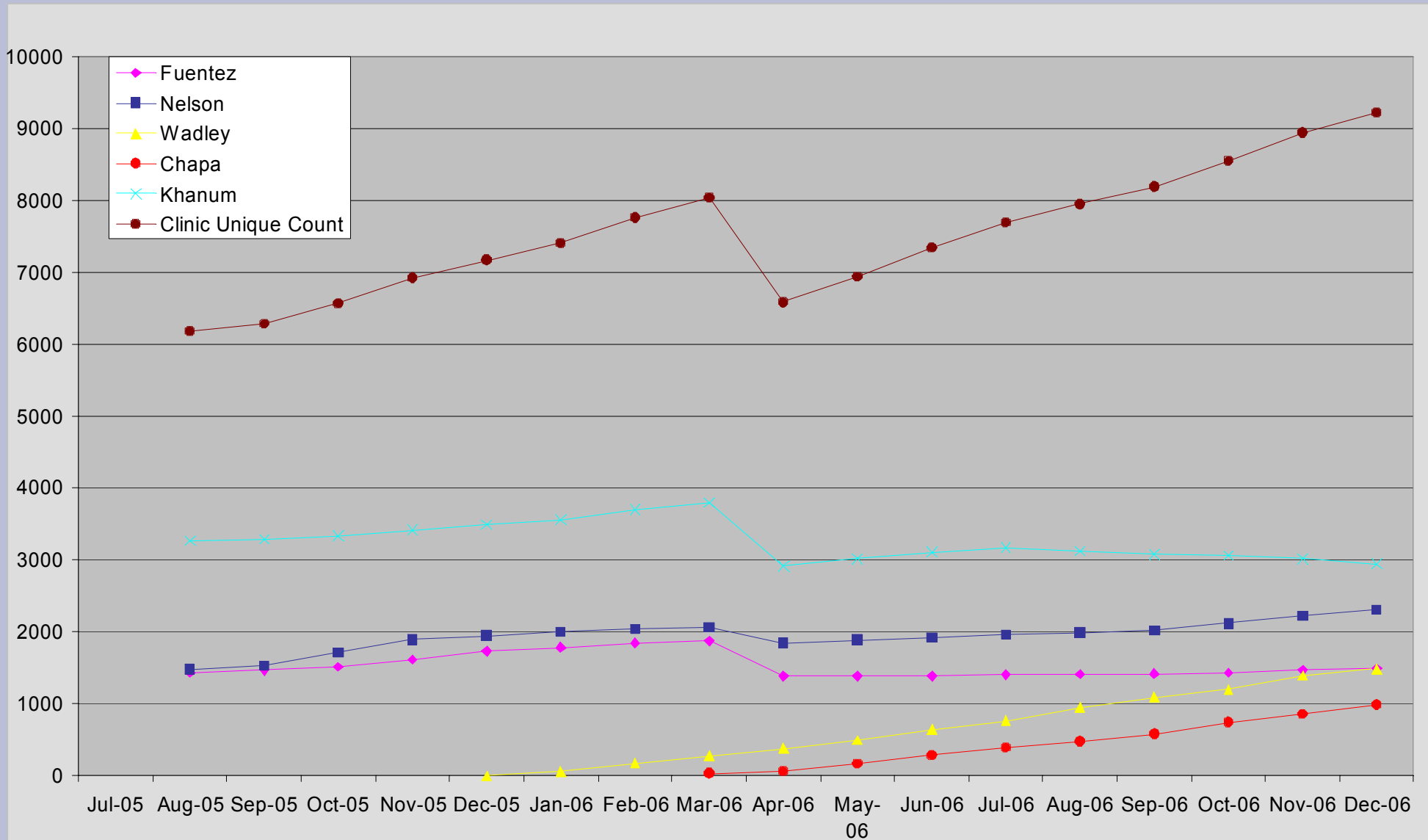
# Third Next Appointment

Provider Delay Data



# Panel Size

## Clinic and Individual Panel Size Trends

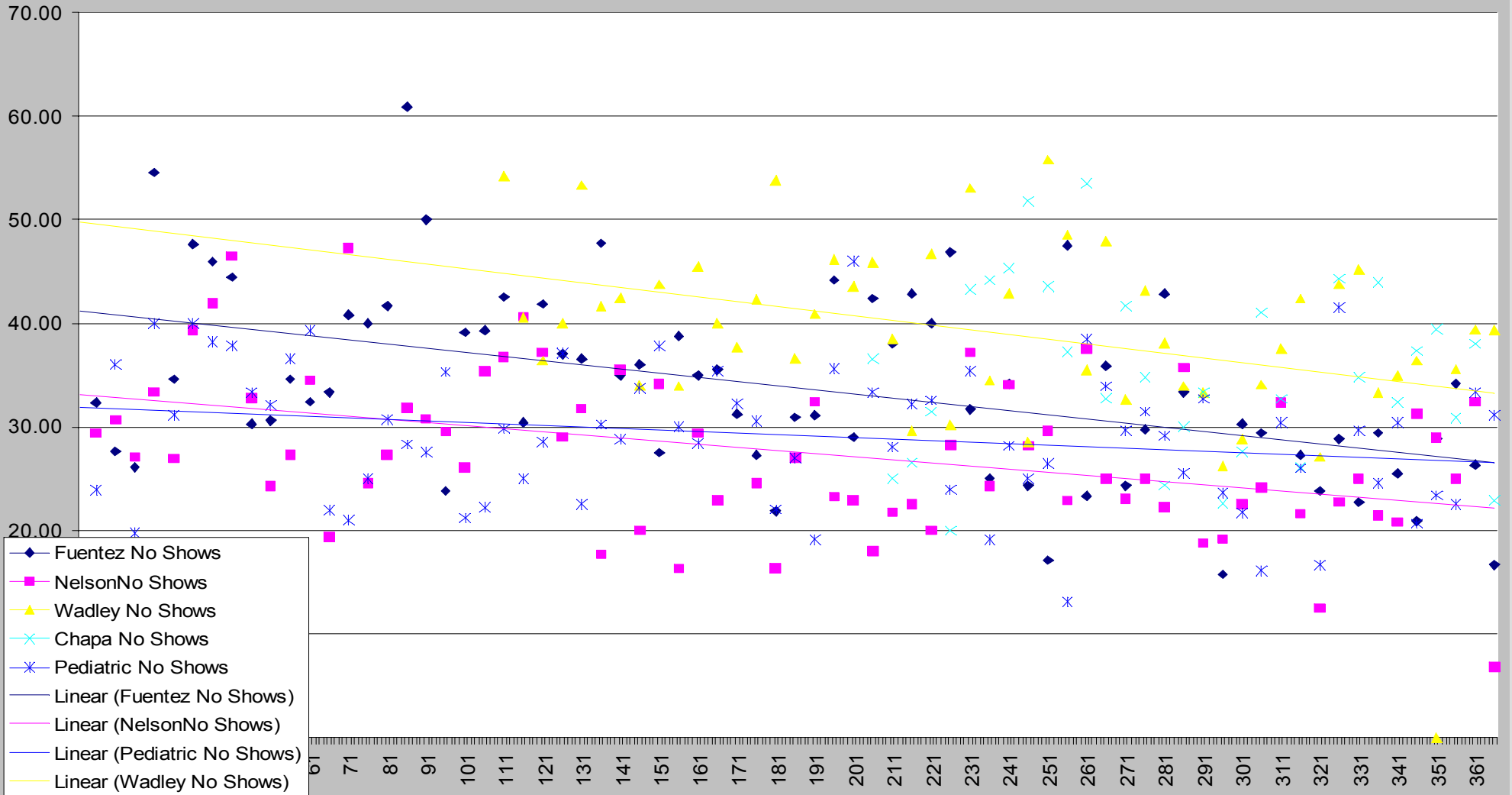


# Measures of Access and Redesign

- No Show Rate
  - Clinic Average High – 38%
  - Current Clinic Average – 26%
  - Individual Provider High – 60.9 %
  - Individual Provider Low – 6.8%
- Provider Continuity
  - August 2005 – 40-50%
  - December 2005 – First time above 80%
  - Consistently > 80% since March 2006

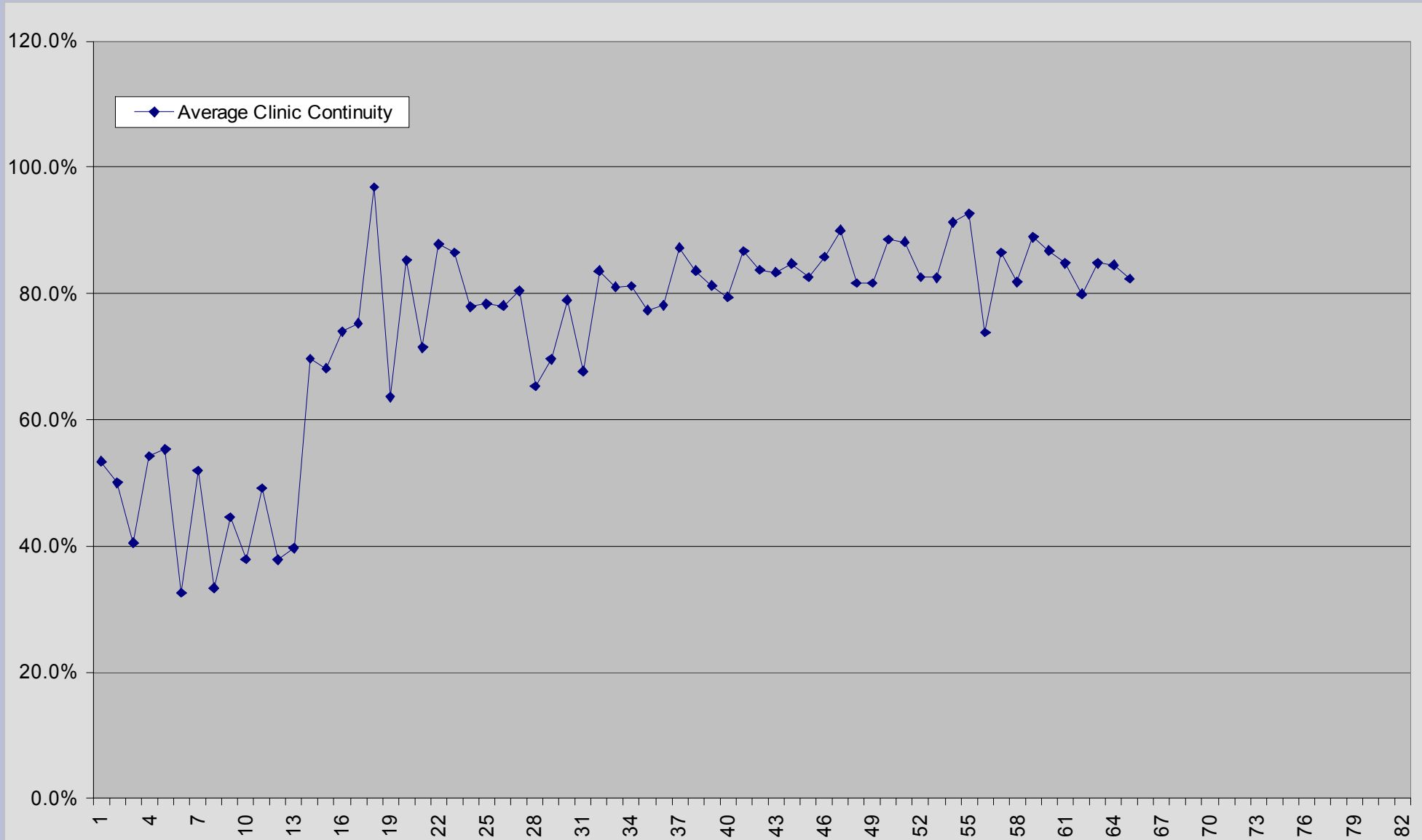
# No-show Rates

Provider Weekly No-Show



# Clinic Continuity

Continuity Graph



# Measures of Redesign

- Cycle Time
  - High of >120 minutes
  - Current ~ 60 minutes
- Wait Time to be Seen
  - High > 65 minutes
  - Current ~ 25 minutes

# Data Correlations and Impressions

- No-show Rate and Delay to third next available appointment
  - For every day wait for an appointment, no-show rate increases by ~3%
- Continuity and No-show rate
  - Providers with the highest continuity have the lowest no-show rate
  - New patients are ~ 2x more likely to be a no-show
- Patient Satisfaction is more closely tied to Continuity and Delay to get an appointment than delays at an appointment.

# Greatest Surprises with A&R

- Demand is predictable and consistent
- Proper panel sizes do generate expected numbers of visits
- You can affect No-show rates
- Reminder Calls do not affect no-show rates
- This can be done
- It is a zero sum game: No panel is sicker than another

# Challenges and Barriers

- Change from a visit based model to a panel management model
- Staff buy-in, Leadership support
- Removal of backlog will decrease revenue
- Provider acceptance
- Too much change too quickly
- Transitioning patients from a walk-in to appointment mentality
- Matching Supply with Demand
- Slow Providers
- Staff Turnover

# High Level Changes with Greatest Impacts

- Clinical Care Team Models
- Panel Establishment
- Process Flow-mapping
- All staff working at highest skill level
- Doing today's work today
- Medical Home
- Max Pack vs. Churning

# Questions, Comments, Critiques?

- Measures
  - Delay to appointment
  - Demand/Supply/Utilization
  - Panel Size
  - Continuity
  - No-Show Rates
  - Cycle Time
  - Wait Time to be Seen
  - Satisfaction