

# CHC Productivity & Incentives

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# Budget - Approach



- Collaboration between Finance, Clinical Leadership and Operations
- Review productivity of the previous years by position
- Plan for known upcoming budget changes (FMLAs, open positions)
- Use agreed upon productivity thresholds/expectations
- Incorporate administrative adjustments (leadership positions, precepting, etc.)
- Final approval via CEO and CFO
- Individual performance details sent to individual provider monthly

# Budget Process



- Determine the existing providers by discipline (Medical, Dental, Behavioral Health, or other specialty)
- Review open provider positions with Departmental Leadership to determine needs for new FY
- Review and get approval for new Provider positions requests (expansion positions)
- Utilize Provider Productivity Expectations (visits only) by discipline

Medical	Behavioral Health	Dental
Established - 3800	Therapist- 1200	Dentist- 2400
New- 2800-3000	Psychiatry (MD/APRN) 2000	Hygienist- 2200

- Budget for all providers based on achieving 88% (Dental 93%) of the expected visits
- Spread the visits by month based on the previous year actual results
- Determine the payor mix for each service line based on current year experience
- Determine the rate earned for each service line based on current year experience
- Apply the payor mix using visit calculation for the new budgeted year
- Determine inflation to be used on current year rate to develop budgeted rate
- Review the monthly spread of revenue and the annual total for reasonableness



# Incentive Programs at CHC



- Primary Care Providers
  - Productivity: Team Incentive with Nurses and Medical Assistants
  - Quality
  - Patient Satisfaction
- Urgent Care Providers
- Dentists
- Behavioral Health
  - Psychiatry (MD/APRN)
  - Fixed Site BH Therapists
  - School Based BH Therapists

# Productivity Incentive Policy



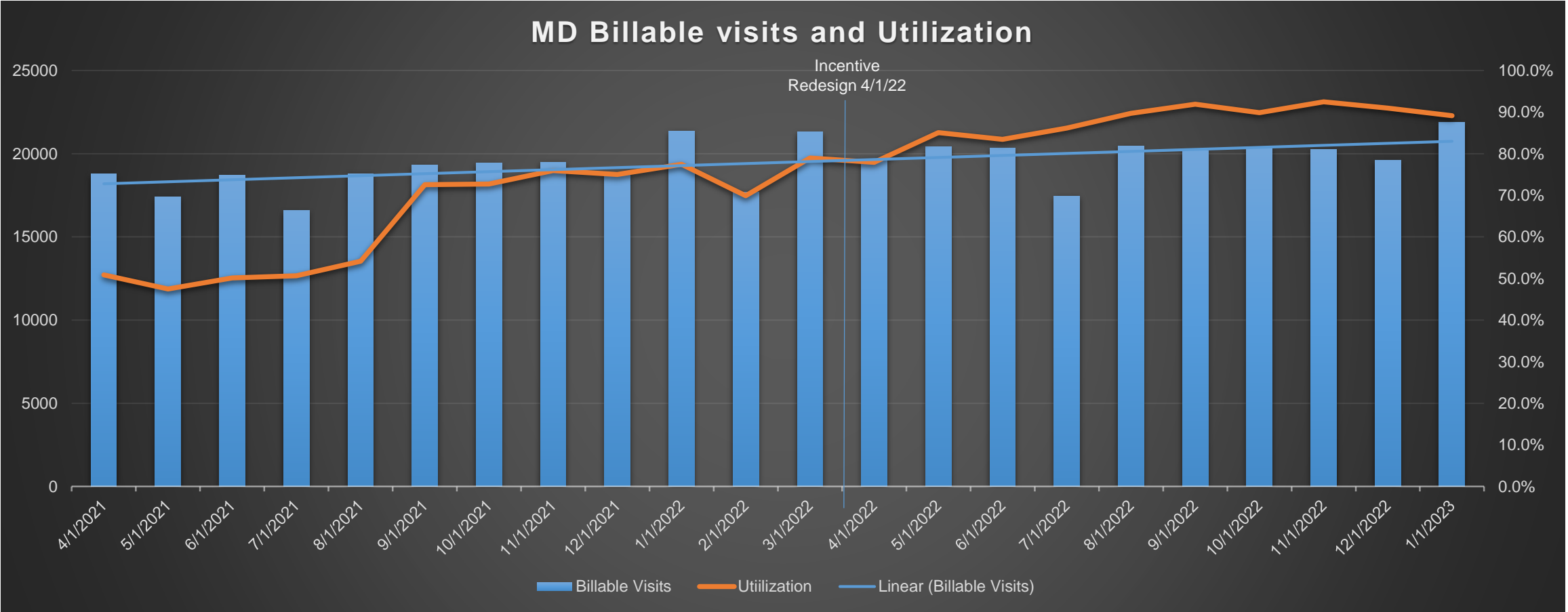
- Available to all appropriate staff in the first full month following 30 days of employment
- 95% of progress notes must be locked 'on time' per policy.
  - Policy: Saturday – Friday must be locked by following Monday 11:59pm.
- Monthly Incentive based on billable visits (in-person and telehealth)
- Adjusted for: approved meetings, ECHO, NP Residency Precepting, leadership, approved longer visits
- No adjustments for: PTO, CME, or other unapproved blocked time.
- FMLA, Jury Duty, or Military Leave pro-rated for monthly calculations
- Thresholds are reset monthly
- Previous month's deficit does not carry forward
- Individual performance details sent to individual monthly
- No downside for the clinical staff

# Productivity Incentives



Incentive Type	Annual Productivity Expectation (billable visits)	Calculation Frequency	Incentive Threshold 1	Payment	Incentive Threshold 2	Payment
<b>Medical Team – Primary Care Provider</b>	3,800	Monthly	4,200/Year includes RN billable visits	Per Visit that exceeds monthly threshold 80% to Provider, 20% to Team	N/A	N/A
<b>Medical Team – RN</b>	1,000	Monthly	Included in Medical team PCP threshold	60% of team total All PCP's at site that exceed Threshold (Pooled for site RN's)	N/A	N/A
<b>Medical Team – MA</b>	N/A	Monthly	Included in Medical team PCP threshold	40% visit of team total All PCP's at site that exceed Threshold (Pooled for site MA's)	N/A	N/A
<b>Medical Team – Urgent Care Provider</b>	3,800	Monthly	Average 18 billable visits per day (4,572/year)	Tier 1 amount per month	Average 19 billable visits per day (5,029/year)	Tier 2 amount per month
Dentists	2,400	Monthly	2,925/Year	Per Visit that exceeds monthly threshold	N/A	N/A
Behavioral Health - Therapists	1,200	Monthly	Average 6.8 billable visits per day (1,727/year)	Tier 1 amount per month	Average 9.0 billable visits per day (2,286/year)	Tier 2 amount per month
Behavioral Health - Psychiatrists	2,000	Monthly	Average 10.2 billable visits per day (2,295/year)	Tier 1 amount per month	Average 13.5 billable visits per day (3,429/year)	Tier 2 amount per month

# MD Billable Visits & Utilization 4/1/2021-1/1/2023



# Incentive Letters: Providers



Dear [Provider Name],

Below is a break out of your incentive payment, if your visits exceed the bonus threshold, for the month of [Month/Year]. Every month you will be provided a monthly summary of your visits along with the payment, if you achieve the bonus threshold. The [Month] payment, if you met the incentive requirements, will be included in your EFT scheduled payment **[Date of Payment]**

Threshold and visit details

Total adjusted Tier 1 Threshold:

Total adjusted Tier 2 Threshold:

Total billable visits:

Total adjustments made – reducing the threshold

Approved Administrative Blocked Slots:

School Days for the month:

Percent of notes locked on time (expectation is 95%):

**Total Payment if threshold met and notes locked on time:**

Thank you for all of your efforts in the past month, the patients, the community and the organization as a whole appreciate your work.

If you have any questions please feel free to contact your Vice President of Eastern Region Yvette Highsmith Francis X 5178

As a reminder – any requests for review must be sent to Yvette within 30 days of receiving this notification of the monthly payment. If any adjustments are found to be necessary, they will be included in the following month's incentive cycle.

Dear [Provider],

Below is a break out of your incentive payment, if your team's patient visits exceed the bonus threshold, for the month of [Month/Year]. Every month you will be provided a monthly summary of your team's visits along with the payment, if you achieve the bonus threshold. The [Month] payment, if your team met the incentive requirements, will be included in your EFT scheduled payment **[Date]**.

Threshold and visit details

Total adjusted threshold: [Value]

Total Provider billable visits: [Value]

Total RN billable visits: [Value]

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Total adjustments made – reducing the threshold

Approved Administrative blocked slots: [Value]

APRN Precepting blocked sessions: [Value]

Percent of notes locked on time (expectation 95%): [Value]

**Total Payment if threshold met and notes locked on time:** [Value]

Thank you for all of your efforts in the past month, the patients, the community and the organization as a whole appreciate your work.

If you have any questions please feel free to contact your Chief Medical Officer Dr. Veena Channamsetty X 3009



# Medical Team Letter: Nurses and Medical Assistants/LPN's



Congratulations [First Name],

Based on your site's performance, you have earned an incentive payment for the month of [Month/Year]. This monthly incentive payment will be included in your EFT payment on [Date]. Incentive payments are calculated based on visits seen and notes locked on time. To make sure your team earns an incentive payment every month, help to ensure we are doing our best to open access to our patients and supporting clinics to run smoothly:

- Make sure patients understand their upcoming appointments
- Assess for barriers (like transportation) that cause no-shows
- Lock progress notes on-time
- Proactively identify patients that need appointments with providers and nurses (through care management and/or dashboard huddles)

On behalf of CHC, our patients, and our communities, we thank you for all of your hard work!

If you have any questions about incentive payments, please feel free to contact your Chief Nursing Officer Dr. Mary Blankson or Chief Medical Officer Dr. Veena Channamsetty.

Incentives Total: \$

No Payment:

Dear [First Name],

Unfortunately, your site did not qualify for an incentive payment for the previous month Jan 2022. Incentive payments are calculated based on reaching a "bonus threshold" of locked billable visits. To help your team earn an incentive payment next month's work, to ensure we are doing our best to open access to our patients, and supporting clinics to run smoothly:

- Make sure patients understand their upcoming appointments
- Assess for barriers (like transportation) that cause no-shows
- Lock progress notes on time
- proactively identify patients that need appointments with providers and nurses (through care management and/or dashboard huddles)

Your patients, the community, and the organization as a whole appreciate all of your hard work. If you have any ideas to share about how to reach our goals, we want to hear them! Reach out to site management with your ideas, and if you have any questions about incentive payments, please do not hesitate to contact your Chief Nursing Officer Dr. Mary Blankson or Chief Medical Officer Dr. Veena Channamsetty.

# Quality Incentive Policy



Medical Performance Appraisal 2022	Provider Name:	Site:	Supervisor:	Date: 2/2023	
<b>Clinical Performance Measures</b>					
Measure	Definitions	Percent	Agency Average	Comments	Improvement Needed? (Y/N)
<b>Screening</b>					
Breast Cancer	Females 50-74 years, mammogram ordered/done every 2 years				
Cervical Cancer	Women 21-29 years - cytology alone every 3 years. Ages 30-65, co-screen with HPV testing and cytology every 5 years or cytology alone every 3 years.				
Colon Cancer	Adults 45-75: FOBT or FIT Q yr OR Sig Q 5 yrs OR Colonoscopy Q 10yrs				
HIV Screening - adolescents	HIV screening has been done / offered to patients ages 13-17 at least once ever				
HIV Screening - adults	HIV screening has been done / offered to patients ages 18-64 at least once ever				
HCV Screening - adults	HCV screening has been done/offered to patients born between 1945-1965 at least once ever				
Depression Screening - adolescents	Depression screening at least once a year for adolescents ages 12 and above				
Depression Screening - adults	Depression screening done for adults ages 18 and above				
<b>Hypertension</b>					
BP Control	Blood pressure is at goal: < 140 / 90 in patients under the age of 60				
<b>Diabetes</b>					
A1C at target	A1C is <7				
A1C under 9.0	A1C is <9				
2A1C/yr	At least 2 HbA1C's have been ordered in the past year				
Blood pressure	Blood pressure is at goal, Goal BP for diabetic patients < 140/90				
<b>Tobacco Abuse/Use</b>					
Smoking Cessation	Documentation of cessation counseling/intervention at least annually.				
<b>Asthma</b>					
Asthma control	% of visits for patients with asthma in which ACT was done				
Controller Medication	If persistent asthma, patient is on an appropriate long-acting medication (Inhaled corticosteroid or leukotriene inhibitor).				
<b>Self Management Goals (SMG)</b>					
SMG setting in appropriate patients	Self Management Goal setting is offered to and/or set for patients with uncontrolled DM, HTN, or				
<b>Documentation/Notes</b>					
Notes and Charting	Percent of notes that are locked in a timely fashion as defined by CHC Policy				
<b>Chronic Pain/Controlled Substances</b>					
Morphine Milligram Equivalent < 90	% of patients on chronic opioids that are prescribed a dosage of less than 90 MME				
Agreement in chart	For patients receiving chronic controlled substances for chronic pain, there is a completed and signed controlled substance agreement in the record.				
<b>Pediatric Care</b>					
Developmental screening	PEDS Screen done at least ONCE in patients who were between ages 3 and 34 months during the calendar year and had at least one WCC visit.				
Postpartum Depression	At least 2 postpartum depression screens for infants ages 2 months - 12 months				
BMI	Documentation of counseling of nutrition and physical activity at least annually				
<b>HIV Care (Ryan White)</b>					
CD4 Count	A CD4 count was done initially and every every 6 months for everyone. If undetectable for 2 years and CD4 > 300, once per year; if undetectable for 2 years and CD4 > 500 then optional				
HIV RNA	HIV RNA testing was done initially and Q 3-6 months. (Done at least twice)				
Complete metabolic panel/Glucose	Basic chemistries have been performed Q6-12months (CMP or BMP) (Done at least once)				
<b>Summary of Clinical Performance Measures</b>		#DR/0			
<b>Non-Clinical Performance Measures</b>					
<b>Patient Satisfaction Measure</b>	Annual score on CHC patient satisfaction provider-centered domains				

- Based on Annual Performance Appraisal clinical score
- Provider scores are arranged in quartiles
- First quartile - \$2500
- Second quartile- \$1250
- Annual incentive



# Other discussion points

## **Value-Based Care Incentives**

- Do health centers distribute these incentives?

## **Employee Referrals**

- Are there incentives for internal staff referrals?

## **Teaching Stipends**

- What are models of charging academic institutions and is there incentives for preceptors of students?

## **Sabbaticals**

- Are there health center models allowing for sabbaticals?

## **Other**

- Other opportunities
- Research and Policy



# Questions

