Clinician and Team Productivity in Physical Therapy Throughout the Continuum of Care

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Objectives
- Provide the business rationale to improve clinician efficiency via the context of prospective payment, higher costs for healthcare delivery, and direct cost shifting to patients.
- Define measures of productivity (efficiency) utilized in the rehabilitation continuum of care: acute, skilled nursing, inpatient rehab, home health, and outpatient services.
- Discuss suggested methods and tactics for change management.
- Share strategies which have been deployed to improve clinician efficiency from individual, team, and management perspectives.
- Provide a forum for discussion in order to share experiences and lessons learned.

Guide to Productivity Workbook
- Complete “how to guide” with specific practice and therapist questions
- Concepts hold true today!

Productivity Metrics and Outcomes in Acute Care
“‘We should be using productivity to monitor the efficiency and effectiveness of the systems and processes that SUPPORT practice…whether we monitor productivity or not is NOT the issue…. how or what we do with the data IS’”

Have We Discussed This Topic Before?
Measured 11 therapists’ billed services revenue in acute care to identify the most efficient therapist, then calculated the increased revenue if all therapists achieved this level of performance


Guide to Productivity Workbook
- Complete “how to guide” with specific practice and therapist questions
- Concepts hold true today!

Rethinking Productivity and Efficiency
- Wiersma R: productivity system consists of people, policy, technology, work flow
- Arslanian L: “productivity monitoring should be used to evaluate the effectiveness of systems and processes that support practice and not reward, discipline, incent, or dis incent individual physical therapists

Wiersma R, Arslanian L et al: Rethinking Productivity and Efficiency. PT Magazine; May 2005, p. 54; CSM 2005

Arslanian L, Gonzales Dean M, Soper S. Productivity Metrics And Outcomes in Acute Care. CSM 2006
Does Productivity Fit In Our Professional Preparation?

- New graduates need requisite skills which include an understanding of communication, leadership, reimbursement sources, organizational scanning, and health care scanning


What are the compelling reasons for evaluation and management of productivity today?

Why have many of our systems and methods for productivity enhancement not been successful?

Economic Rationale:

- Revenue
- Expense

Where is your practice/organization positioned?

Developing Scenarios

- 30 million new insured
- Aging population
- Health savings accounts
- Rising patient copayments
- Rising patient co-insurance levels
- Supply/demand of clinicians
- Technology advancements
- Substitute competitors: Google, Wal-Mart, Walgreens, SoloHealth
- Social networking
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Developing Scenarios

Acute Care

Outpatient (PPS)

Skilled Nursing Inpatient Rehab Home Health LTAC

Assisted Living

Post Acute Care Continuum

Developing Scenarios

- Accountable Care Organizations
  - Collaborations between physicians, hospitals, and all providers that will be clinically and financially accountable for HC delivery in their communities

- Value Based Purchasing
  - “Holdback” 1% of Medicare fees; paid later if certain metrics are met (post baseline period)

Escalation in Healthcare Costs

- 2011: Healthcare costs $19,393 for a family of four
  - Employer: $11,385
  - Employee: $4,728
  - Employee out of pocket: $3,280

Source: Milliman and Associates

Expense Shift to Employees

- In 2010: majority of US workers have deductibles of $400 or more
- Shift from co-payment model to coinsurance payment (cost shift from employer to employee)

Source: PriceWaterhouseCoopers

Employer High Deductible Plans

Business Case Summary:
- Higher healthcare costs to individuals and employers
- Progressive payer and patient utilization control
- Market demand > supply of therapists (salary escalation)

....Optimization of Every Visit Needed

Source: PriceWaterhouseCoopers
**Operational Definition Required!**

- Billed units (output) / hours worked
- Example:
  - 75% = 24 units in eight hour work day (six hours billed)
  - 85% = 408 billed minutes in eight hour work day

Careful: 100% “productivity” may mean achievement of targets
Exclude PTO and sick time hours
Consideration for whether therapists are exempt or non-exempt

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**Overview**

- What is viewed as an acceptable level of productivity in physical therapist practice?
  - 60% billable time
  - 75% billable time
  - 97% billable time

- How is this extrapolated from our billing data?
- How do we manage?
- How do we compare or benchmark?

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**Acute Care**

- What is the productivity target?
  - 60-70% billable time

- What are the factors that influence efficiency in acute care?

Source: Dobrzykowski, Ed

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**Skilled Nursing**

- What is the productivity target?
  - 80-90% billable time

- What are the factors that influence efficiency in skilled nursing facilities?

Source: Dobrzykowski, Ed

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**Inpatient Rehabilitation**

- What is the productivity target?
  - 75% billable time

- What are the factors that influence efficiency in inpatient rehab?

Source: Dobrzykowski, Ed

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**Home Health**

- What is the productivity target?
  - 5-6 visits daily
  - 25-30 visits per week
  - Systems often utilize visit weighting system to consider number of opened cases and follow up visits

- What are the factors that influence efficiency in home health?

Source: Dobrzykowski, Ed

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**Outpatient Services**
- What is the productivity target?
  - 75% billable time
  - 3 units per hour
- What are factors that influence efficiency in outpatient services?

**What About Pediatric Services?**
- Inpatient Services
  - NICU; inpatient rehab
- Outpatient Services
  - Number of patients seen daily
  - Billed treatment units
  - Higher cancel/no show rates!
- School Based Services

**Non-Billable “Productive” Time**
- Case conferences
- Documentation
- Committees
- Education
- Pre-Operative classes
- Staff meetings
- Insurance reports

**Non-Billable, Non-Productive**
- Cancels
- No Shows
- Clinicians ill - unavailable
- Inpatients unavailable/refusal
- Scheduling by therapists

**Are There Different Expectations?**
- Physical Therapist productivity
- Physical Therapist Assistant productivity
- Occupational Therapist, COTA, Speech Language Pathologist, Audiologist

What Variables Can Impact Productivity?

- Type of clinical practice or program
- Physical space covered (facility, home care)
- Case mix
- Payer mix attributes?
- Receipt of skilled referrals (acute care)

Strategies for Productivity Enhancement

- Shadow high performer
- Shadow low performer
- Provide clear expectations
- Provide billing instruction
- Documentation: quality vs. quantity
- Eliminate non-productive tasks
- Chart review shortcuts (EMR)
- Service quality and efficiency are not mutually exclusive

Productivity (Efficiency)

- Explain the context - Why?
- Define the term operationally
- Outline expectations
- Measure and raise the bar

Efficiency Chart

<table>
<thead>
<tr>
<th>Clinician</th>
<th>15 Min Units Billed</th>
<th>Hours Worked</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>101764</td>
<td>192</td>
<td>64</td>
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<tr>
<td>129560</td>
<td>156</td>
<td>80</td>
<td>65%</td>
</tr>
<tr>
<td>278640</td>
<td>127</td>
<td>72</td>
<td>59%</td>
</tr>
</tbody>
</table>

Additional Metrics

- Mean number of billed procedures per visit
  - Need to agree on the value per evaluation and other non-timed codes
  - Varies based on standard appointment length
- Mean number of visits per patient episode of care
- Context: contribution margin per associate
Productivity and Benchmarking

- Solucient: www.solucient.com
- Premier: www.premierinc.com
- HCS Consulting: www.hcsconsulting.com
- Total Productivity Track: www.therapytrack.com
- AAOS: www.aaos.org

We Have Our System Outlined:
How Do We Influence Change?

"Producing change is about 80% leadership—establishing direction, aligning, motivating and inspiring people—and about 20 percent management—planning, budgeting, organizing, and problem solving."

John Kotter

Managing Change

- Employees often appraise organizational changes negatively, which means they appraise the changes as harmful (something has already been lost) or threatening (possibility for future loss).


Leaders Manage Change

- Successful change has visible positive outcomes
- Compliments employee’s existing values and beliefs
- Change spreads faster when the initiative is not too complicated
- Includes knowledge of change process, effective leadership and teams, effective organizations, and change management tools


Become an Influencer of Change

Motivation
- Ability
- Personal
- Social
- Structural
- Design
- Demand
- Harass
- Assist
- Account

Become an Influencer of Change

Influencers do not use forceful methods to prod change, rather they create either new experiences or new motives. In doing so, they surrender control to gain committed hearts.


Change Examples

- Electronic medical records
- Reimbursement models
- Regulatory compliance
- Recovery audit contractors
- Billing and coding
- Outcomes measurement
- Evidence based medicine

Change Model

- Provide rationale and business case (the need)
- Measure baseline
- Provide billing instruction
- Set target:
  - Individual
  - Team

It’s Not Easy!

- Requires personal and team accountability
- Requires culture receptive to change
- Requires leadership
- Requires management

Change Model

- Application of Patterson modeling
- Provide data
- Structure accountability and rewards
- Practice (need to view as skill development)

Key Points

- Outline the business case
- Provide operational definitions
- Measure (baseline) and raise the bar
- Use demonstrated change management strategies
Summary

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Questions and Discussion

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