



Bringing Health Care To Schools For Student Success

The SBHC Productivity Template How to Measure How Much We Do

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Objectives:

- Identify core components of productivity in SBHCs
- Utilize NASBHC's SBHC Productivity Template to produce a "SBHC Report Card"

What is productivity?

- Productivity= Output per unit of input (IOM, 1996)
- Linked to
 - Aspects of the practice setting: size of program, trainees or not, available space, practitioner resources and support, characteristics and requirements of the system
 - Demographics of the population served: age, gender, SES, language
 - Practitioner characteristics: experience, training, provider type

What does it mean to be productive?

- Number of patients seen per unit of time
- Number of patients seen at a 99213 level or above
- Handling a large number of patients with few resources (staff, materials, time)
- Providing care and producing a desired set of outcomes : no hospitalizations, good patient satisfaction, desirable clinical outcomes, limited use of resources

Productivity vs. Caring

- Tension between arrangements that facilitate care and efficient practice on the one hand and intimate and personal relationships on the other is a central challenge for health care (IOM, 1996)

Tools for evaluating productivity

- RBRVS
- RVUs
- Counting visits: CPT, HCPCS
- Diagnoses: ICD, DSM, V codes
- Time motion studies
- Benchmarking
- QI outcomes

RBRVS

WASBHC

	CPT Code	Work RVU
Comprehensive Hx and PE, moderate complexity (new patient)	99204	2.3
Problem focused history and exam/straightforward (established patient)	99212	.45
Preventive Visit , new, age 12-17	99384	1.53

RVU Productivity for a provider

MASBHC

CPT Code	Frequency	RVU	Total RVU
99212	68	.45	30.6
99213	124	.92	114.08
Total			144.68

What are the Productivity
Modifiers in SBHCs ?

Influences on Productivity

Predominant in SBHCs

- Staffing models have less nursing and ancillary support for practitioners
- Limited space
- SBHCs have open access and can be flexible with their time
- SBHCs are mandated to respond with all their resources to crises
- School hours, vacations , weather closings testing days, fire drills
- In many schools the population is highly mobile

Influences on Productivity Predominant in SBHCs

- Adverse selection: underserved communities, uninsured patients, limited English proficiency, students with multiple high risk behaviors
- Practitioners rarely provide only direct services which are most often counted as output (i.e. potentially reimbursable). Services include classroom work, teacher conferences, outreach and community networking

Influences on Productivity Predominant in SBHCs

- Seeing patients without parents
 - Time
 - Nature of the visit
 - Outcome
 - Generates another set of activities

Efficiencies in SBHCs

- Parents time off
- Follow-up less labor intensive
- Identifying problems earlier
- Reduction in more costly emergency room visits

DEVELOPING THE SBHC REPORT CARD

Assumptions about SBHC productivity

- Evaluating SBHC productivity is more than number of encounters
- Especially if data collected is limited to billable encounters

Assumptions about SBHC productivity

- Evaluation of productivity is tied to outcomes
- Improved outcomes can be more desirable than more encounters.

Assumptions about SBHC productivity

- SBHC practice is different than other practice environments
- Resources such as staff, \$\$, equipment, space, may be less
- Outcomes and accountability are different and may be related to non-billable value-added services

Assumptions about SBHC productivity

- Evaluation of productivity in SBHCs requires a balance score card including
 - Demographics,
 - Measures,
 - Intensity of work
 - Encounters, and
 - Billable and non-billable work (value-added services that SBHCs do

Assumptions about SBHC productivity

- Everyone can do better - improve

Name of SBHC	# of Student Days in Reporting Period	Hours of Operation
Example High School SBHC	180	7:30 am - 4:00 pm

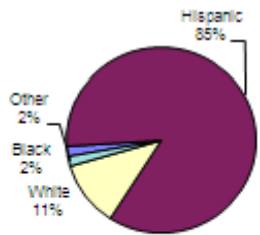
Description (rural, urban, suburban), Years of Operation, Grades Served
 High School is located in northwest Metropolis. The SBHC has been in operation since 1986. Serves grades 9-12

Enrollment and Clinic Users			
	#	%	Target
School Enrollment	1540		
SBHC Enrollment	1834	100%	85%
SBHC Users	267	15%	53%

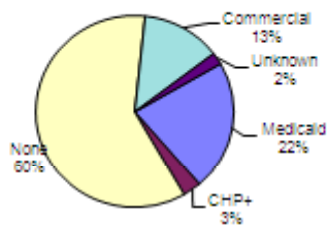
Other Resources in School
program
Day Care Center
MSW for special education students
School Nurse-hrs/wk
Yes / 20

Staff Description		
Title	Hours w	Clinical Hours
NP	37.5	30
Health Care Tech	37.5	30
Child Health Associate	18	15
MH Counselor	37.5	30
MD Consultant	4	3
School Nurse		

School Demographics and Users Insurance Status



Ethnicity of School Enrollees



Insurance

School Characteristics
Title I School
yes
% Free and Reduced Lunch
75
%English Language Learners
35

Other Characteristics	
Access for others in the community	limited *
# of exam rooms	2
# of counselling rooms	1
tobacco prevention program	
obesity prevention project	

Top Five Diagnoses		
Diagnosis	Code	#
ROUTINE CHILD HEALTH CHECK	V20.2	88
IMMUNIZATIONS		38
ACCUTE PHARYNGITIS	462	19
ASTHMA	493.9	19
OTHER SPECIFIED COUNSELING	V65.49	14

Encounter Information

Encounter Type	1st Quarter						Year-to-Date					
	Visits	Target	Difference	RVU	Target	Difference	Visits	Target	Difference	RVU	Target	Difference
Medical	348	380	-8.0%	518.56	418	24.1%	348	380	-8.0%	518.56	418	24.1%
Mental Health	0	103	-100.0%				0	103	-100.0%			
Oral Health	49	70	-30.0%				49	70	-30.0%			
Other Visits	0	500	-100.0%				0	500	-100.0%			