

## SUPPORTING THE PCPCH MODEL OF CARE

As you negotiate with your CCO or other payers, you will need to be able to articulate how much it costs for your clinic to maintain your PCPCH status. How do you begin to figure that out?

The Winding Waters Clinic in Enterprise came together to figure out a formula that works for them. The FTE equivalents are what their clinic is using, yours will probably be different.

If you use this tool and can think of additions or changes to make it more useful, please send them along and we will share your suggestions.

Context of calculations:

- Clinic Size: \_\_\_\_\_ # of active patients
- # of annual visits: \_\_\_\_\_
- Provider Patient Care FTEs: # \_\_\_\_\_
- Outsources the following: (examples: billing, IT): \_\_\_\_\_
- Utilizes this EHR: \_\_\_\_\_
- Clinic hours of operation: \_\_\_\_\_ hrs/week
- Average of \_\_\_\_\_ hrs of staff time per week

There are 4 basic areas that will either need additional resources or would be newly created for an organization (not including IT):

- Engaged Leadership
- Continuous Quality Improvement (QI)
- Care Coordination
- Patient Care Management

### Engaged Leadership:

- 2.5 FTE (\$ \_\_\_\_\_/month)
  - Clinician Champion: 0.5 FTE (\$ \_\_\_\_\_/month)
  - Practice Administrator or Office Manager (Executive Level): 1 FTE (\$ \_\_\_\_\_/month)
  - Department Managers (Front Office/Back Office): 1 FTE (\$ \_\_\_\_\_/month)

### QI:

- 0.25 FTE (\$ \_\_\_\_\_/month)
  - 1 hour meeting/month (staff from each department plus management) (\$ \_\_\_\_\_/month)
  - Average 3 hrs per week working on projects, preparing for meetings (\$ \_\_\_\_\_/month)
  - 4 hrs/month coordination of QI efforts with Patient Advisory Council (\$ \_\_\_\_\_/month)
  - Administering and interpreting CAPHS surveys quarterly (\$ \_\_\_\_\_/month)

### Care Coordination:

- 6 FTE (\$ \_\_\_\_\_/month)
  - RN and behaviorists: 2 FTE (\$ \_\_\_\_\_/month)
    - *Patient Centered Interactions*
  - Care Team: 4 FTE (3.5 clerical staff, 0.5 RN) – (\$ \_\_\_\_\_/month)
    - *Care Coordination*
      - Referral/order tracking
      - Medication management (med reconciliation, refills management)
      - Phone/patient portal message triaging (RN/Medical Assistant)
      - Clinical quality and population health data collection and sharing

- Community outreach

**Patient Care Management:**

- 6.5 FTE (\$\_\_\_\_\_/month)
  - Medical Assistants - 3 FTE (\$\_\_\_\_\_/month)
    - *Proactive care*
      - Chart scrub/huddles
      - Preventative health discussions
      - Shared Decision Making
  - Front Office: 2 FTE (\$\_\_\_\_\_/month)
    - *Enhanced Access*
      - Recalls – outreach for chronic and preventive health care needs
      - Patient Portal Management
      - Open Access Scheduling
  - Front Office/Data: 0.5 FTE (\$\_\_\_\_\_/month)
    - *Empanelment*
      - Panel management
  - RN Care Coordinator: 1 FTE (\$\_\_\_\_\_/month)
    - *Organized Evidence Based Care*
      - Sub-population management (chronic care model)
      - Updating and implementing evidence-based standard care across PCPCH

Included in these calculations are only the NEW tasks (or new positions if new hire needed) required on an ONGOING basis to cover overhead of a highly-functioning PCPCH. Not included in this calculation is the increased overhead cost associated with expanded hours of operation. Also not included in these calculations are the up-front costs of transformation.

**OVERALL FTE INCREASE = 15.25 (\$\_\_\_\_\_/month)**

- 0.5 FTE clinician**
- 1 FTE high-level mgmt**
- 1 FTE mid-level mgmt**
- 1.5 FTE behaviorist**
- 2 FTE RN**
- 3 FTE MA**
- 6.25 FTE clerical/front desk**

**OVERALL expected increase in cost/month/pt = \$\_\_\_\_\_ (PCPCH/care mgmt – does NOT include E+M fees)**