Phillips County Family Health Clinic
RHC ANNUAL Program Report — 2019

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Records Review

Medical *Records reviews 100% of clinic charts. Dr. Medina signs* off on 10% of RHC practitioner charts as well as 3rd party chart review

Ongoing work: consistent charges especially related to levels, codes match documentation match care provided as well as H/P stand alone and PE more thorough

Policy and Procedures: these were reviewed/ reworked by Clinic Mngr

* RCH utilizes the general P/P of the entire organization as well as campus programs which also are reviewed/renewed annually.

- Both clinical and operational P/Ps specific to the RHC are reviewed, renewed and approved annually by Dept. Head, Brd, Med Staff and Admin.

Changes

PCH was able to recruit and retain our 4th Practitioner and maintain that model for 1 yr. which has led to consistency and access to family practice/primary care in our community. We continue with our "sick/walk-in" call days for urgent patient cares, earlier AM apt, as well as Saturday walk-in clinics also. Yet trying to find the balance of clinic schedules and ER call obligations. We did have another almost complete turn over of nursing staff (leadership and nurses) in the clinic late in the year which will lead to challenges yet opportunity for change as everyone gets settled into place. We have been able to maintain telemed mental health via iPad technology as well and others PRN through our 2 access points (EMTN/REACH) as well as traveling specialist Podiatry, OB/GYN, General surgery, audiology as well as initiated Behavioral health care management through our clinic with Jo and Jessica through the NHMA grant and partnership with CMMC. We have continued our work and progression of Pain Mngt , OUD/SUD and MAT P/Ps. We did utilize a clinic specific Practitioner and clinic staff meeting that has worked pretty well . The clinic NS remodel project has worked out well and accomplished its goals of quiet, privacy/confidentiality and more nurse work space. We will continue to be a rotation site for MD/DO, FNP, PA or nursing students. We have agreed to partner with the County Health Nurse on Family Planning but that has been slow going related to their staff turnover and as of October has not been initiated. Have continued to develop and initiate P/Ps related to Mcare Welcome and Annual visits. Mobile Mamography was down for several months but back up now and continues to be a great service to our community. We are part of a Cancer and Breast Cancer committee with CMMC in Lewistown but difficult without a PCH clinical leader. Initiated E-prescribe for pts and also put in new Dragon dictation for Practitioners. 2 CNAs took Apprenticeship to become MA.

Planning

With the progression to a 4 Practitioner model and maybe a 5th for access and succession planning, we most likely will have to start thinking about the potential of clinic exam room/office space remodel. We will continue to identify Specialist needs and explore availability to come to us in person and/or Telemed PRN. We hope to gain stability in our clinic Practitioner and nursing staff so as to be progressive and move us forward. Look at models for staffing/scheduling of Practitioners in relation to ER call and clinic to find an appropriate balance for all Annual HS sports physicals seem to always be a discussion and we will monitor how we continue to do it now and change PRN. Continued work on CCM, Behavioral health and Pain mngt P/Ps. What new technologies will impact us and our cares? Volume to value? Upgrade IT and mobile devices

Access to External Services

On—Site—Podiatry, Audiology, OB/GYN, general surgery, WIC, Mammograms/Dexascans,

Telemedicine: cardiology, neurology, nephrology, dermatology, rheumatology, endocrinology, diabetes education and mental health, others as identified need arises. Utilize 3rd party Cred/Priv vendor or Delegated Credentialing

Education—ongoing education and training of all of our staff to meet the needs of our patient/community. Specific concentration on our new Practitioners to help ensure their competency and comfort with care and services (clinic, ER and inpatient) provided here at PCH

Utilization of Services

FINANCIAL

RHC	1.3m Vs 1.2m
% MCare=	48%
% MCaid=	13%
% Commercial Pay=	34%
% Self Pay=	5%
Days in AR w LT=	78
Days in AR wo LT=	54
Days Cash in Hand =	67

CLINICAL

Clinic Visits=	7229 Vs 7272
Dr. Medina	1207 vs 1735
T. Ohl	2020 vs 2107
E. Houser (10/1)	947
D. Thomas (1/1)	646
Mammogram=	170 vs 219
Dexascan=	22 vs 22
Telehealth	
Total numbers	— vs 206
Medical	— vs 60
Mental Health	— vs 59
Estimated savings = $———	

We feel the services we currently provide meet the needs of our community when we are fully staffed at 4 Practitioners to provide family/primary care, but continually assess that base on recommendations of Medical Staff, the Board and Department Heads and/or needs identified in the community and then add services PRN as able and appropriate either on-site, telemed or other partnerships.

Campus programs: the RHC is part of campus wide programs—Infection Control, QA/QI, HPP, Safety, Corp. Compliance, EMR - and look to identify any specific clinic challenges

Clinic Programs:

- Primary/Family Practice
- *Pain Mngt
- *MAT and OUD/SUD—through grant work
- *CCM/Behav Health Mngt.
- Women's Health IUD implant
- *Family Planning with PHD
- Telemed specialists
- *Community Diabetic course