Human Capital Management

Loyola Medicine – December 5, 2024

Agenda

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Opening Discussion

1. What are your program goals in the coming year?

2. What does your staffing need to look like for you to achieve those goals?

3. Think about your team and its composition as it exists today. How far are you from the staffing required to achieve your program goals?

4. What positions will you need to add or change?

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Staffing Roles & Responsibilities

Providers

Physicians

Frequently serve as the clinical champion within a house call program. They play an essential role supporting the team and taking ownership for clinical/ performance improvement activities.

Advanced Practice Providers (NPs, PAs)

Can add significant value to the team's provider mix and can also serve as clinical champions. APPs can be empowered to see new patients and care for their own panel of patients, or they can perform their role through a partnership model with physicians.

Social Workers

Can conduct in-home assessments and/or perform care coordination and other office-based clinical duties. Depending on state regulations, LICSWs can bill for services they provide for patients in the house call program.

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Other Key Staff

Patient Service Representative
Schedule and confirm appointments, create provider routes, handle paperwork/administrative tasks, phone calls

Medical Assistant
Travel or office-based; triage incoming calls; assist on visits and/or help to prepare provider (e.g., packing supplies)

RN
Case management; relieve provider burden; higher level of clinical scope; care coordination; an RN with protocols can reduce the amount of non face to face work by providers tremendously

Care Navigator (LPN/CMA)
Can assume multiple roles for smaller practices; triage, schedule, answer phones; assist providers; assist with care plan creation

Office/Practice Manager
Develop business strategies, manage budgets, and oversee day-to-day operations (e.g. scheduling, billing, staffing). Lead administrative staff to provide quality patient experience and partner with clinicians to streamline home-based patient care.

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Medical Assistant Responsibilities in HBPC

Daily Tasks
Restock Bags: Ensure necessary supplies are ready for patient visits.
Map/Call Times: Plan and confirm visit schedules to optimize route and timing.
Phone Support: Answer calls to address patient or team inquiries.
Result Notes: Document and update patient result notes as required.
Fridge Temperature Logs: Record temperatures twice daily (AM & PM) for compliance.
Lab & Document Scanning: Digitize lab results and other essential documents.
Faxing: Send required documents to providers or facilities.
Patient Data Entry: Input new patient information into the system.
Sharps Container Check: Ensure containers are emptied or replaced as needed.

Weekly Tasks
Restock Cars: Replenish supplies and equipment in vehicles.
Organize Lab: Keep lab space tidy and well-organized.
Expired Samples Check: Remove any expired medical samples.
Order Supplies/Injectables: Ensure all necessary supplies are stocked.
Vaccination Expiration Check: Verify expiration dates for all stored vaccines.
Car Organization & Clean-Up: Maintain cleanliness and order in vehicles
Expired Supplies Check: Review and remove expired items in office and car.
Oil Change Check: Confirm if car maintenance is needed.
Fill Car Tanks & Washer Fluid: Ensure vehicles are fueled and ready for use.

Monthly Tasks
Site Assessment: Conduct a thorough assessment of the site to ensure safety and compliance.
Medication Audit: Review and verify medication stock and records.

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Protocols for Success

- **Home Health Referrals**

- **Durable Medical Equipment**

- **Clinical Scenarios/Requests**

- **Protocol for Refills**

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Staff Productivity & Evaluation

Provider Staffing & Considerations

HBPC Full Patient Care Team serving 450 - 600	
Scenario 1	**Scenario 2**

One FTE physician
Some prefer to utilize two physicians
▪ Serve as Medical Director
▪ Perform in-home patient visits half time (initial intake and major follow-visits)
▪ Balance of work involves inpatient care, consults, NP advisory, medical directorships, teaching and research
 	
Two FTE APPs
▪ Full time in-home patient visits
▪ Regular follow-up and urgent care visits
	Three FTE APPs
	Any combination of NPs and PAs
	▪ Selection based on:
	  • Community preferences
	  • Organizational needs
	  • State scope of practice
	  • Availability
	▪ NPs need a collaborating physician
	▪ PAs need a supervising physician

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Staffing Ratio Examples

Illinois Community Hospital-Based Program Census: 800		Cleveland Clinic At Home Census: 1,540		Housecall Providers Census: 1,630	
Role	**FTE**	**Role**	**FTE**	**Role**	**FTE**
Practice Administrator	0.25	Physician	7.4	Physician	1.4 (0.6 clinical/0.8 Medical Director)
Physician	1.1	RN Manager	0.7	NP	12.2
NP	3	NP	8.8	Triage RN	1.0
Triage RN: Triage clinical phone calls, DME forms, prior authorizations, HH/Hospice nurse calls, Rx refills, etc.	1.5	Triage RN	2.0	Office Assistant (fax/records management)	1.0
Admin Assistant: answer calls, schedule, initiate bills (separate billing department), faxes, data collection	2.5	Patient Services Representative (office)	5	Transition/Palliative Care Team	4.0 RN 2.0 Social worker 1.0 Chaplain
Medical Assistant: Accompany physicians to visits, assist with in-basket messages and refills	1.5	Reimbursement Specialist	2.1	Care Coordinator (non-licensed; office)	8.0
				Annual Wellness LPN	1.0
				Intake/Scheduling Specialist	4.0
				Clinical Pharmacist	0.4
				Biller	2.0
				Coder	1.0

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Housecall Providers Clinical Model

Northwest Pod
4 PCPs
1 RN
1 SW
1 care coordinator
1 scheduler

Northeast Pod
4 PCPs
1 RN
1 SW
2 care coordinators
1 scheduler

Southwest Pod
4 PCPs
1 RN
1 SW
1 care coordinators
1 scheduler

Southeast Pod
5 PCPs
1 RN
1 SW
2 care coordinators
1 scheduler

Medical Dir & Assoc Medical Dir
Triage RN
Annual Wellness LPN

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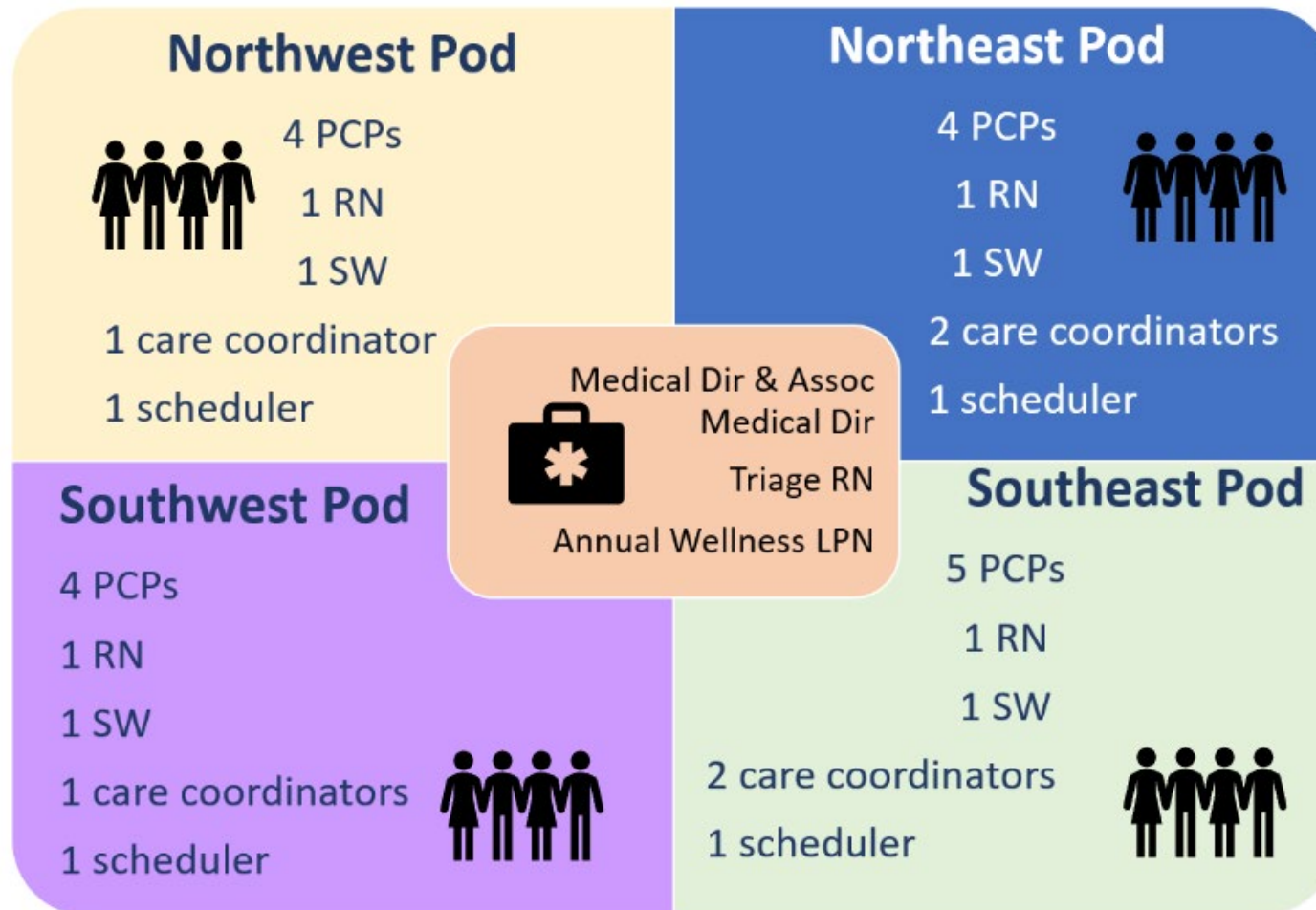
Productivity Matters

- **Regularly review budget and FTE ratios against productivity**

- **Cluster patient visits to the same facility or neighborhood whenever possible**

- **Use RN/LPN staff to relieve triage burden from providers**

- **Reduce windshield time with geographic scheduling**

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Additional Staffing Considerations

- How is overall staff and provider satisfaction?

- Are in-basket (EHR) or incoming messages addressed or reviewed by end of day or do several remain unopened and/or unaddressed for the next day?

- Is there time to review daily workflows and manage office personnel and/or address concerns?

- Are lab and diagnostic test results reviewed, and responses provided to patients in a timely manner?

- What is the average wait time for a new patient?

- Does schedule allow for prompt post-acute follow up?

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Discussion

How Do You Evaluate Your Program's Current Staffing?

- Does provider productivity support the business plan?

- Are schedules full? Are patients able to schedule timely appointments?

- Are patients experiencing long hold times or abandoned phone calls?

- Are patients able to obtain timely RX refills, prior authorizations, and referrals or do you receive complaints often?

- Are all team members working to the top of their scope or burdened with administrative tasks?

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Staff Safety

Safety Checks & Chat

- [ ] **Become Sherlock Holmes:**

  observe, observe, observe

- [ ] **Ask questions**

- [ ] **Listen to your gut…revisit concerns as often as necessary**

- [ ] **Debrief with the team**

Scenario 1

You call to confirm an appointment and learn that the patient and his son are avid hunters and have guns on the premises, as well as large hunting dogs…**what do you say?**

Scenario 2

Your patient Harriet lives in a mobile home. You visit regularly and have observed that the home is infested with bedbugs…**what do you do?**

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HBPC Staff Safety Checklist

BEFORE YOU GO

- ☐ Use a checklist or process for making sure you have everything you need, such as chargers for devices, supplies, etc.
- ☐ Keep a small powerful flashlight in your bag. You may need it indoors our outdoors.
- ☐ Make sure all devices are charged up.
- ☐ Use devices that have both cellular and Wi-Fi connections if possible, so that you can have connectivity wherever you are.
- ☐ Check driving directions before starting off for the day. Use your local traffic site and weather apps to check if there are any issues.
- ☐ Carry minimal amounts of cash and don't wear expensive jewelry.
- ☐ Avoid any accessory that could be dangerous, such as a long necklace or scarf.
- ☐ Wear sensible shoes that allow you to walk briskly.

ON THE ROAD

- ☐ Have a process for letting your office personnel know where you are at all times. Check in before and after each visit via text message.
- ☐ Do not text or talk while driving. Pull over!
- ☐ Watch parking signs and park in a spot you can easily get out of. Don't park in alleys or other dark, isolated places.
- ☐ Keep doors and windows locked while driving.
- ☐ Keep your gas tank above half full.
- ☐ Don't leave valuable items visible in car.
- ☐ Always look around the street and environment before getting out of the car.

ON THE ROAD, CONTINUED

- ☐ Don't sit in the car and do paperwork. Do it in the residence or wait until you get home or back to the office.
- ☐ Keep emergency supplies in your trunk, such as automatic tire inflators.
- ☐ Keep your car keys and cell phone in pockets on your person at all times.
- ☐ If family members are abusive or behaving dangerously, pack up and leave. If you feel threatened, leave immediately.

AT PATIENT'S RESIDENCE

- ☐ Inquire about guns or other weapons in the home, and ask that they be secured before you arrive.
- ☐ On first visit, make sure you know where fire extinguisher is (if available).
- ☐ Request that pets be secured or contained while you are in the residence.
- ☐ On your first visit to a residence, walk the space and ensure you know where restrooms and exits are located. On subsequent visits, make sure those exit paths are clear from obstruction.
- ☐ Put shoe covers on before you enter the home.
- ☐ Always show your badge—even if you've been there before.

BEFORE YOU LEAVE PATIENT

- ☐ Make sure NOTHING is left behind.
- ☐ Properly secure all biohazards for disposal.
- ☐ Remain alert on the walk to your car.

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HBPC Staff Safety Checklist

POLICIES & PROCEDURES

❑ Institute a process for regular check-ins for all professionals out in the field.

❑ Have a process to deploy immediately if check-ins do not happen at the anticipated times.

❑ Keep abreast of changing conditions such as weather or traffic issues, and use messaging apps to alert your field professionals.

❑ Devise a standard "field professional emergency kit" for all professionals in the field.

❑ For all new patient locations, check crime statistics, parking regulations, etc. before the first professional goes there.

❑ Devise a process for asking patients and caregivers about weapons and hazards (such as lack of parking) at the time of intake, and have procedures at the ready to share with them: e.g. "For the safety of your doctor/nurse, we require that all weapons be secured each time they visit."

❑ Build information files for specific neighborhoods that includes locations of police stations, fire stations, hospitals, etc.

❑ Inclement weather procedures (schedule changes, roadside assistance, emergency kits)

❑ De-escalation scripting

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Hiring, Onboarding, & Retention

Hiring Criteria for HBPC Staff

Front Office

- **Patient and Respectful**: Able to handle complex patient needs calmly and kindly.
- **Geographical Awareness**: Ability to visualize zip codes to optimize scheduling for in-home care.
- **Familiarity with EHRs**: Efficiently manage records and documentation.
- **Cross-Training and Scheduling Skills**: Flexible to perform multiple roles and manage complex home-based scheduling needs.

Back Office

- **Patient and Compassionate**: Can guide patients in line with their care goals.
- **Protocol-Adherence**: Understand and contribute to protocol development and improvements.
- **Cross-Training**: Willing to support various roles to maximize team flexibility.

Providers

- **Strong relationship building and communication skills:** Inclusive of patients, physicians, advanced practice providers, allied health professionals, family members, caregivers, office staff, and administrators.
- **Physical mobility and ability:** Can lift, push, or pull up to twenty pounds and can access any home, hospital, nursing home, doctor's office, or assisted living facility.
- **Non-traditional work environments:** Can handle situations that include encounters with pets and various home environments, including unpleasant odors and hoarding
- **Time Management:** Excellent time management and organizational skills to manage multiple tasks before, during, and after the home visit.

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Diversity, Equity, and Inclusion (DEI) in HBPC Staffing

Why is DEI important in Home-Based Care?

A diverse, equitable, and inclusive team strengthens patient relationships by respecting varied cultural, personal, and health perspectives.

Hiring Practices:

- **Diverse Perspectives:** Recruit staff who reflect the diverse backgrounds of the patient population, enhancing patient-provider connections and trust.

- **Cultural Competence:** Prioritize candidates who demonstrate an understanding of cultural sensitivity and respect for various beliefs and values.

- **Empathy and Inclusion:** Hire individuals who practice empathy and foster a welcoming environment for patients and team members

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Onboarding & Training for HBPC Staff

Onboarding Process

1. **Welcome Orientation:** Introduce team roles, HBPC mission, and safety protocols.
2. **Skill-Based Training:** EHR usage, triage procedures, and in-home safety practices.
3. **Role-Specific Training:** Tailor training for front office, back office, and clinical staff based on their unique duties.

Continuous Training

1. **Skill Refreshers**: Regular sessions on new technologies, updated protocols, and patient care advancements.
2. **Cross-Training**: Provide cross-functional training for adaptability in scheduling and role coverage.

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HBPC Staff Retention

Supportive Work Environment

- **Promote Growth and Development:** Offer career development opportunities and encourage learning.

- **Empathy and Resilience Training:** Build emotional resilience skills to help manage the unique stresses of HBPC.

- **Frequent Team Check-Ins:** Build a supportive environment through regular communication and feedback loops.

- **Stress Relief and Wellness Programs:** Incorporate wellness initiatives to enhance staff well-being.

Recognition & Benefits

- **Acknowledgment of Achievements:** Regularly recognize contributions to foster motivation; offer bonuses for meeting milestones

- **Flexible Scheduling and Work-Life Balance:** Provide adaptable scheduling to meet personal needs

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Self-Care

Top Stressors

- **Mediating patient's family conflicts**
  - Difficulty with mentally ill family members
- **Complexities with EHR & paperwork**
- **Financial pressures**
  - Inadequate funding for complex work performed
- **Patient compliance with care recommendations & promoting patient self-care**
- **Scheduling and logistics of providing care in homes**

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Coping Strategies

1. **Joint visits –** to manage tensions and have separate discussions with family members

2. **Documentation –** recognizing the time involved in paperwork and scheduling to allow for completion during work hours

3. **Financial model –** lower overhead can allow for flexibility in numbers of patients seen

4. **Team approach –** to continually educate patient and family and reinforce Care Plan

5. **Administrative support –** to manage scheduling and routing

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Q&A

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Next Steps

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UPCOMING MONTHLY TOPICS

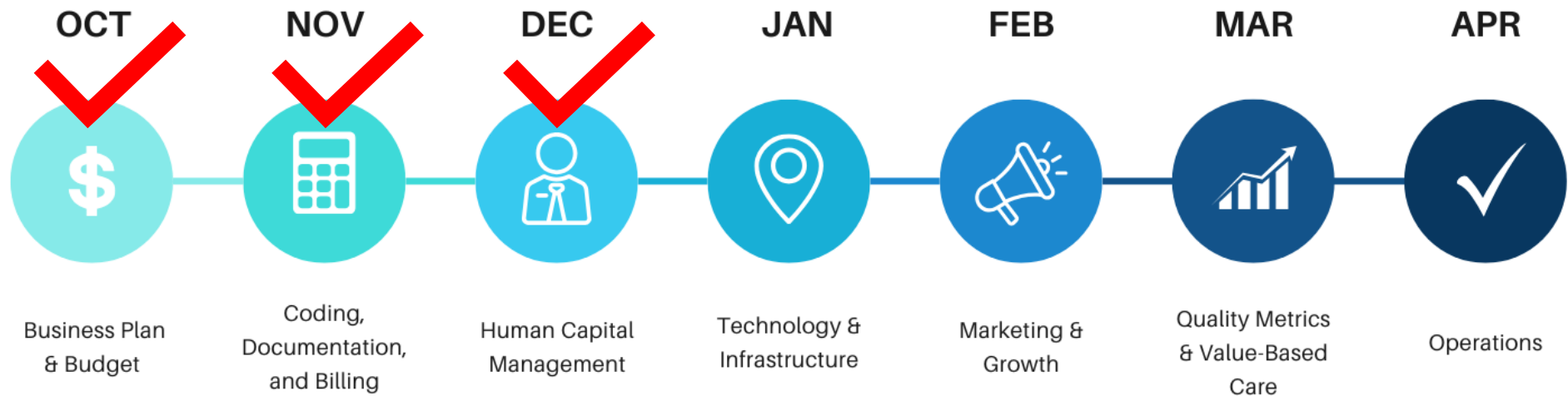| OCT	NOV	DEC	JAN	FEB	MAR	APR
✓	✓	✓				
Business Plan & Budget	Coding, Documentation, and Billing	Human Capital Management	Technology & Infrastructure	Marketing & Growth	Quality Metrics & Value-Based Care	Operations

HCCIntelligence™ Community Webinar Series

CY 2025 CMS Final Rule Unpacked: What Home-Based Medical Care Professionals Need to Know

Objectives:

- Review the coding, reimbursement, and policy impacts resulting from the CY 2025 Medicare Physician Fee Schedule Final Rule (MPFS) and how to best respond to these changes.
- Discuss changes to & newly implemented CPT codes to maximize revenue in home-based medical care.
- Discuss documentation requirements to ensure coding compliance.

January 22, 2025
2 pm - 3 pm CT

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Illinois House Call Project: Upcoming Reports Due

Q4 Report Due Date: 1/31/2025
Reporting Period: 10/1/2024 - 12/31/2024

Data Points:
- # Active HBPC Patients
- # New HBPC Patients

Please send reports to Raabiah Ali, Program Manager
RAli@hccinstitute.org

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