

# Population Health

## • Capacity Management

### – Matching visits to demand.

- (Do we provide the access our population requires?)

### – Scheduling

- (Do we provide the type of access our population needs, when they need it?)

### – Appropriate staff mix and distribution

- (Are the right people doing the needed jobs?)

### – Clinical modeling

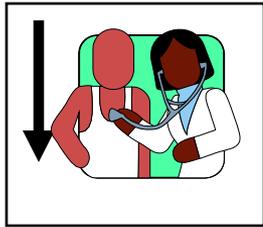
- (Are the clinics structured to meet the needs of their enrolled population)

# MTF CAPACITY

- The goal of capacity Management is to save the system money. The premise is that if you can:
- **Decrease demand** (*wellness approach and fewer visits/year*)
- **Increase productivity** (*Providers seeing patients*), &
- **Increase availability** (*Creative schedules and templating with adequate support*),
- *you will increase capacity and recapture people who have chosen to seek their health care elsewhere.*

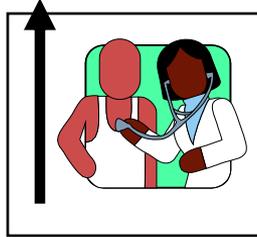
# MTF Capacity

**Demand**



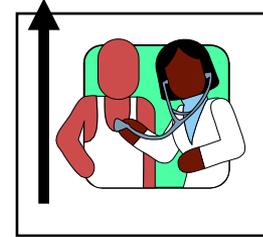
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**Productivity**



+

**Availability**

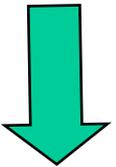


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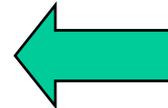
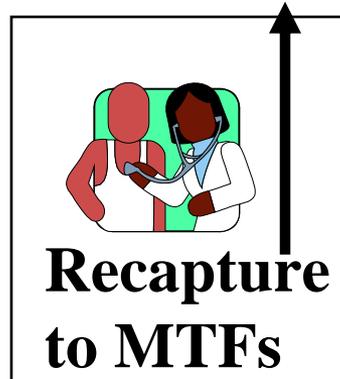
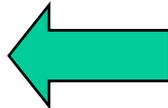
**Pop Health**

**Support  
Providers**

**Providers/Staff  
Available**



**MCSC \$s**

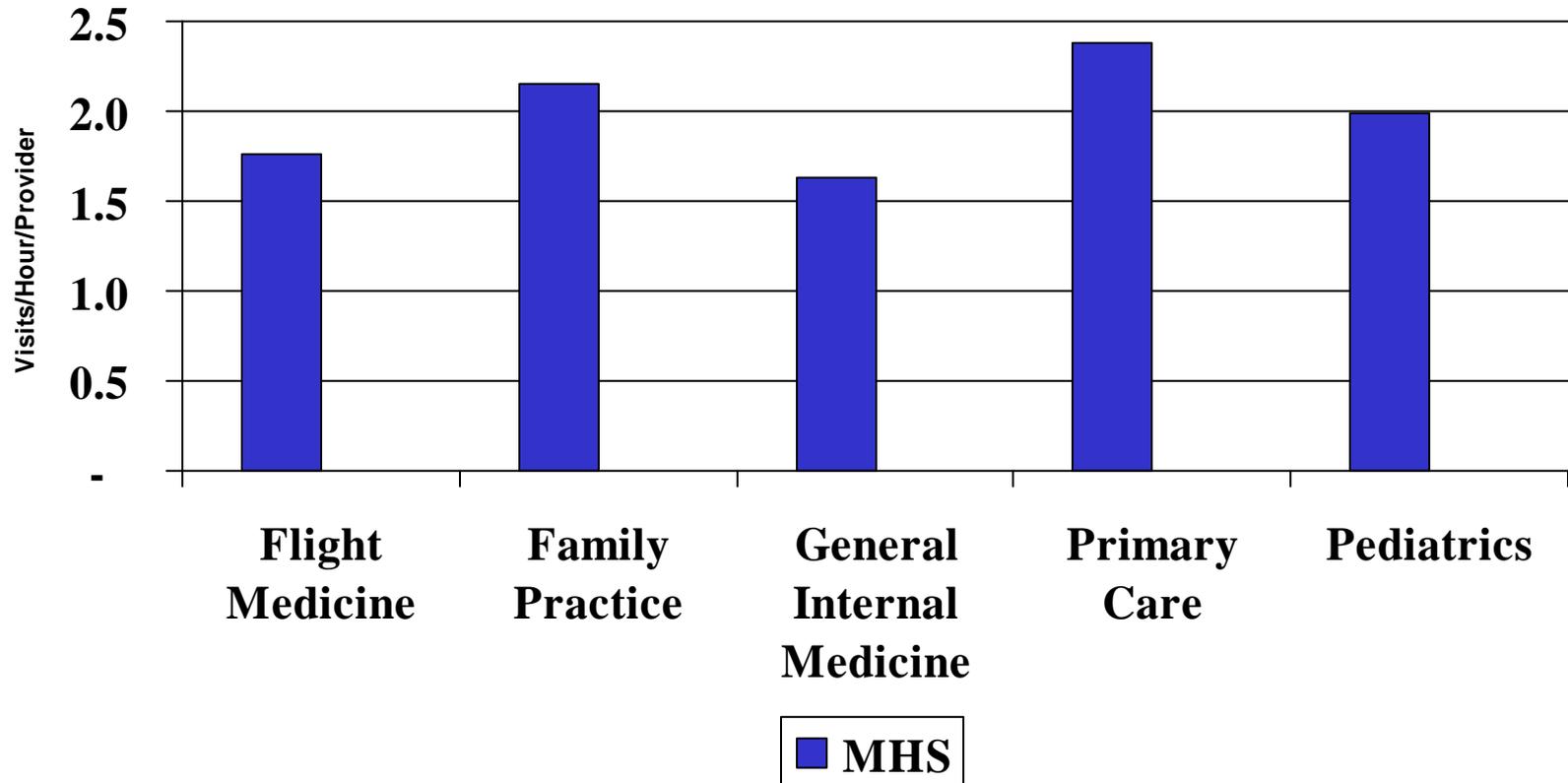


**Increased  
Capacity**

# Visits per Hour Military Health System

- Although controversial - these numbers indicate that “OVERALL” our providers provide an average of 2 - 2.5 visits per hour per Primary Care Manger. This does not take into account any other duties you may be performing.

# Productivity Visits per Hour MHS

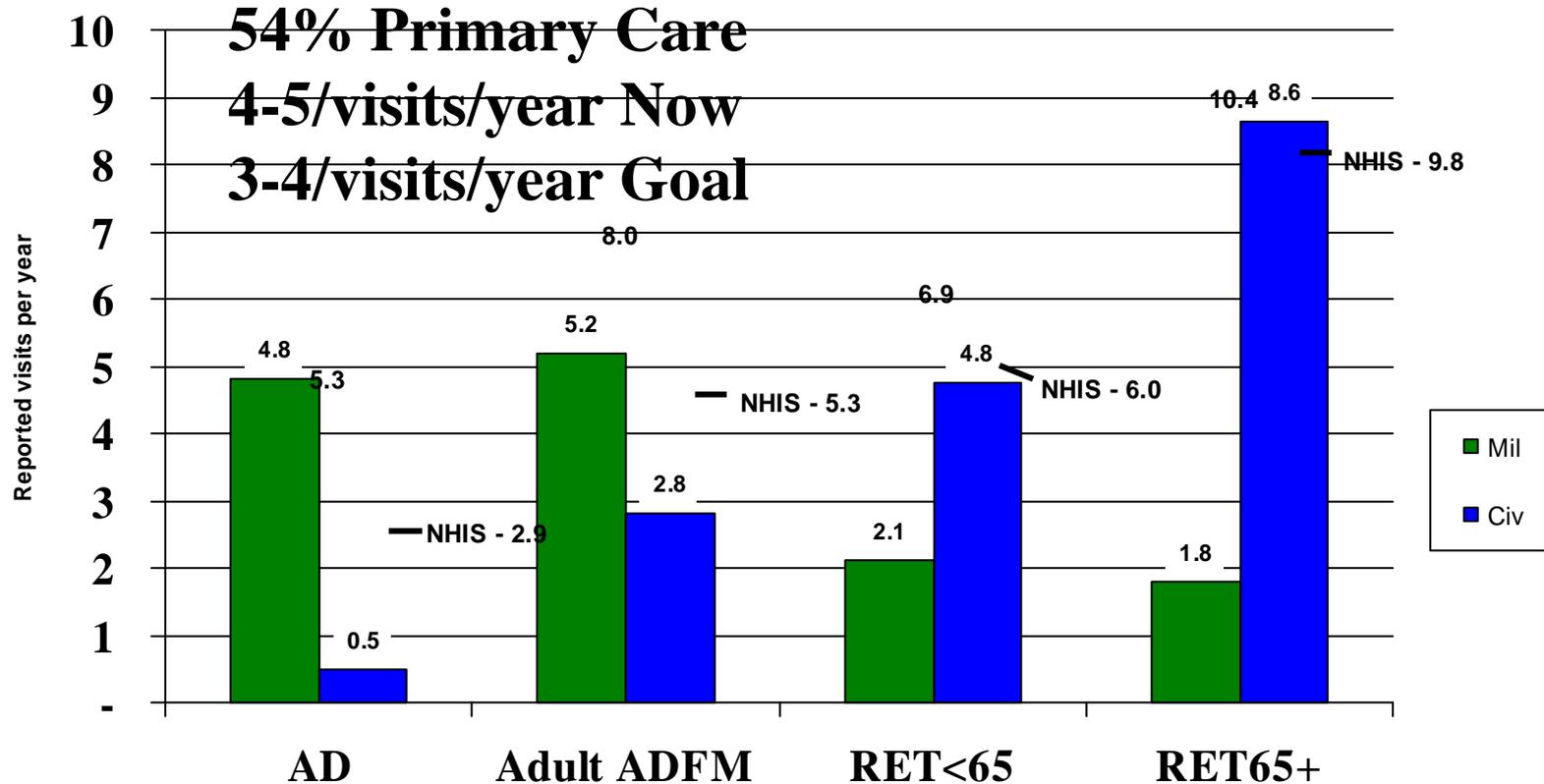


# Current Demand

- What the next slide is saying is that our patients currently visit us too many times a year. The strategy is to reduce their current demand of 4-5 visits/year to a more manageable 3-4 visits/year.

# Current Demand

Using Survey Estimates



Source: 1997 Health Care Survey of DoD Beneficiaries:  
1995 National Health Interview Survey, Current Estimates

# DOD Advertised Availability

- Dependent on leave, holidays, TDYs, inpatient, GME responsibilities, etc.
- 45 weeks/yr
- 35 hours/week
- Equates to 1,575 available clinic hours
- Military Unique Factor. Readiness Costing Model Work Group using estimate of 10%. Dependent on mission requirements, training.
- What is rewarded?
- *This does not take into account the number visits used by patients for services that did not need to be provided by a PCM.*

# ENROLLMENT MODEL

- To accomplish this, an equation has been developed which defines how many people a provider can manage. This is their panel. It is determined by several variables (which can be manipulated).
- Demand Management: How many times a year patients seek care. (2.5 visits/year for AD and 3.5 for RET/DEP).
- Productivity: How many appts/hour per provider do you provide.
- Primary Care Manger. Are you full time (.9 - 1.0), or part time (0.5 as flight surgeons, Dept Head, Div Off, etc).
- Availability: the number of hours Hour/year in PT Care.
  - For the military think (20 working days month - 2.5 days leave - 1 holiday = 16.5)
  - Providers then spend 7 hours/day in PT care
  - **THIS IS AN EQUATION WHICH CAN BE MANIPULATED TO DETERMINE MANY THINGS, ESPECIALLY SINCE OUR POPULATION IS FIXED**

# Enrollment Model

## Basic Equation

$$\frac{\text{Pop}}{\text{PCM}} = \frac{\text{Pop}}{\text{Visit}} \times \frac{\text{Visit}}{\text{Hour}} \times \frac{\text{Hour}}{\text{FTE}} \times \frac{\text{FTE}}{\text{PCM}}$$

**Demand Management**      **Productivity**      **Availability**      **Military Unique**

# USNH Okinawa Enrollment variables

- **POP**
  - AD enrolled = 19899
  - ADFM enrolled = 21281
  - RET/DODD/etc = unknown
- **POP VISITS**
  - AD = 2.5 (desired), (4.8 suspected, not conformed)
  - ADFM = 3.5 (desired) , (5.2 suspected, not confirmed)
- **Visits/Hour.**
  - Variable.
  - ACUT\$, ROUT\$, EST\$ are 15 min long
  - WELL\$, PCM\$ are 30 min long
  - These can all be booked at any frequency we want.
- **Hour/FTE**
  - $(7 \text{ hours} \times 16.5 \text{ days} \times 12 \text{ months}) = 1,386 \text{ hours per year}$
- **FTE ( How many Primary Care Managers)**
  - We do not know whether they are (1.0), (0.9) or (0.5).
  - Currently 87 PCMs identified
  - Note: IDC's are not counted as PCM's but impact availability

# Ranges

<u>Pop</u> PCM	=	<u>Pop</u> Visit	X	<u>Visit</u> Hour	X	<u>Hour</u> FTE	X	<u>FTE</u> PCM
708	=	.20	X	2.5	X	1,575	X	.9
1,063	=	.25	X	3	X	1,575	X	.9
1,240	=	.25	X	3.5	X	1,575	X	.9
1,418	=	.33	X	3	X	1,575	X	.9
1,654	=	.33	X	3.5	X	1,575	X	.9
2,507	=	.33	X	4	X	1,880	X	1

- 3-4 visits per enrollee per year
- 35hr/week, 45weeks/yr gives 1,575 available clinic hours
- 10% readiness related loss of productivity

**Increase productivity**

**Decrease demand**

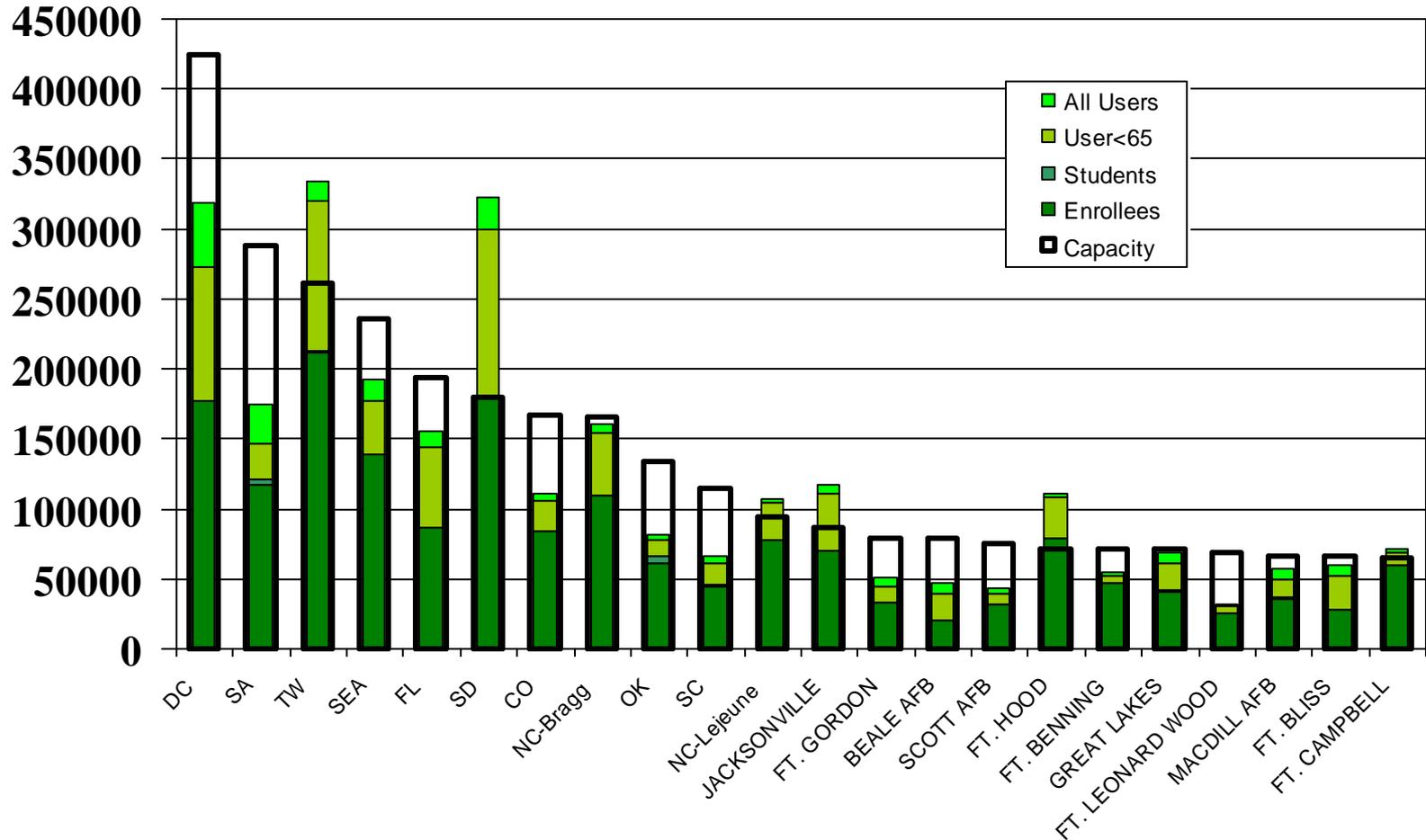
**Increase productivity and decrease demand**

**How does one get to 2,500?**

# Support Staff

- Based on MEPRS data:
  - Support staff defined as:
    - RN's
    - Paraprofessionals, e.g. MedTech's, LPNs
    - Admin
  - ACPE Support Staff Ratio - 3.0 - 3.5
  - Primary Care Support Staff Ratio - 2.38
  - *The Challenge is to determine that of the staff assigned to USNH, how many of them are actually assigned these roles.*

# Capacity at Adjusted 1500/PCM





## Primary Care

•Phone/Web  
Access to  
Information

•Advice

•Triage

•Appoint

•Panel  
Information

•Support



## Specialty Care

•Referral  
Management

•Disease & Case  
Management

**Decrease Visits**  
**Increase Health**  
**Increase MTF Capacity**  
**Increase Satisfaction**

# So... Where do we go from here?

- As a facility we need to complete the equation.
  - How many PCM's do we have and are they 0.5, 1.0, etc?
  - Who are we seeing besides enrollees?
  - Do we provide the type of appts our patients need, when they need them?
  - Are our clinics structured to meet the real world needs of their customers.
  - Are we operating on a wellness model?
  - Are our panels appropriate for the Primary Care Managers?
  - Do our patients seek the services they require at the lowest level possible?
  - Do we use our support staff effectively?

**ALL THESE THINGS AFFECT THE CAPACITY OF THE FACILITY TO  
PROVIDE CARE AND ENSURE THAT THE CAPACITY MATCHES  
DEMAND.**