Family Planning and FQHC Implementation Process

Northwest Colorado Visiting Nurse Association

THEN – NOW - FUTURE

Northwest Colorado Visiting Nurse Association

Public Health

Wellness and Aging

Hospice

Home Health

Community Health Center

THEN

2008 and before

- NWCOVNA had two separate programs who in Craig are sharing the same place (e.g. exam rooms):

Title X Family Planning   Community Health Center

Family Planning Program:

- The goal of the Family Planning Program in Colorado is to reduce unintended pregnancy by ensuring all Coloradoans have access to affordable , quality contraceptive and reproductive health services.

- Serves about 50,000 women annually, 75% of whom are low-income

- Colorado receives 2:1 Federal Match Title X funds

THEN
2008 and before

Community Health Center:

- Provides Primary Care Services to underserved clients of all ages on a sliding fee scale.

- As a Federally Qualified Health Center, the program management needs to comply with 19 Federal Requirements regarding operations, finances and clinical outcomes

THEN - CHALLENGES

Two programs at the same location created some confusion
Often the clients do not know themselves and ever so often, during a Primary care visit – FP issues come up and vice versa.

Front office staff:

- **For FP Services:**
  - FP intake forms
  - FP Financials
  - Confidentiality Statement
  - Special rules regarding minors
  - Schedule with the FP – provider

- **For Primary Care Services:**
  - Go through eligibility
  - Sliding fee scale
  - Consent of parent / guardian is needed for minors before treatment

THEN
Electronic Health Record

- 2008/2009: Started working on purchasing an EHR. We narrowed down to three vendors.

- eClinicalWorks: Financially affordable, strong ability to customize, had Practice Management and Clinical EHR. Also, it had a sliding fee schedule module.

- Implementation: Done by Chief Operational Manager. Started with scheduling appointments (May 2009). Then started building billing workflows. Transition from paper charts to electronic charts. And finally documenting clinical information in the system (2009/2010)

THEN
Electronic Health Record

- Training:
  - 3 first months by eCW vendor.
  - Monthly training for different groups of staff related to different flows and functions for one year.
  - Ongoing training as needed with customization of workflows

- Challenges:
  - Vendor didn't customize training to our needs.
  - Technical Support almost non-existent
  - Lack of leadership in regards the implementation process.
  - No clear boundaries who will manage the system.

NOW
Integration Process

Integration process started around 2009.

This couldn't have been done without customized EHR

- Philosophical reasons:
  – Holistic approach to health care
  – Client centered approach

- Operational reasons:
  – Avoidance of duplicates of similar but different forms
  – Consistency of scheduling
  – Consistency of processes
  – Financial – funding through Title X
  – Efficiency – Medical Assistants/ providers/ Front Office staff
  – Utilization of equipment (colposcopy/US)
  – Laboratory services

Integration Process

- Front Office:
  - Merge and revise intake forms
  - Add special consents
  - Training how to schedule all visits.
  - Change confidentiality policies and educate staff on special statutes.
  - Financial Information intake

- Clinical:
  - Educate **all providers**, nurses and MAs on family planning issues.
  - Title X compliance issues and documentation of services provided
  - Perception of Primary Care Providers towards the Family Planning program.
  - Clinical forms

Integration Process

- Billing
  - Sliding Fee Scales does not match with Federal Guidelines
  - Create duplicate CPT codes for FP services
  - Providers learning how to code and choose the right the codes.
  - Learning how to maximize potential reimbursement.
  - Dispensing BC

- IRIS data entry
  - Manual data entry very time consuming.
  - Auditing charts because documentation was inconsistent.
  - IRIS reports did not match our own reports.

Addressing Challenges

- Front Office
  - Created new forms
  - Constant training on confidentiality issues.
  - Customer service training on collection of payments (CHC services vs. FP services)
  - Documentation of mandated data from CHC vs FP.

- Clinical
  - Created templates and order sets for all different FP services.
  - Rename CPT codes to easily identify FP services.
  - Customized the EMR to easily document FP services vs CHC
  - Confidentiality issues.

  EHR PRESENTATION

Addressing Challenges

- Billing
  - Set up an automatic sliding fee scale that calculates patient's charges based on documented income and services rendered by providers at time of visit.
  - TOTAL 84 slides to make our needs met.

- Data management with State and Federal
  - Started creating a monthly report of all our visits that will be submitted electronically eliminating the need to manually enter data in the state database.

FUTURE

- Full integration starting day one at the CHC in Steamboat Springs.

- Simplifying forms and procedures.

- Adding women's wellness visit template.

- Reduction of papers (consents) by using electronic signature Pads in rooms

- Attestation for Meaningful Use in Spring 2013.

- NCQA accreditation for PCMH Level 3 by Summer 2013.

The presentation was prepared by:

Maria F. Casaverde

Health Information Analyst | **Northwest Colorado Visiting Nurse Association**

mmartin@nwcovna.org • cell: 970-819-1328
940 Central Park Drive, Suite 101, Steamboat Springs, CO 80487
www.nwcovna.org
Follow us on Facebook www.facebook.com/nwcovna

Gisela Garrison

Director of Health Center | **Northwest Colorado Visiting Nurse Association**
Community Health Center

970-824-8233 • direct: 970-871-7669 • cell: 224-627-2747
745 Russell Street, Craig, CO 81625
www.nwcovna.org
Follow us on Facebook www.facebook.com/nwcovna