

Case Study: Consolidating Primary Care Clinic Sites

Problem: A rural, hospital-owned primary care practice with a large Medicare population delivered care at three locations with approximately 6 clinicians at each site. Practice Site A, the original “flagship” clinic, was located approximately a mile from the hospital. Practice Site B was located on the hospital campus, sharing a building with several other specialties. Practice Site C was in a town approximately 15 miles away. Each site required its own registration, clinical staff and supervisor, as well as specialized equipment for the practitioners. Due to a new site-neutral CMS policy, only Site B was eligible for full reimbursement of facility fees. Employees needed to travel between worksites, sometimes within the course of a day, to continue services. Due to staffing shortages, a laboratory draw station was frequently closed and x-ray was inconsistently staffed at Site A.

Solution: Consolidate Site A with Site B, at Site B’s location.

Challenges:

- Practice Site A and B had their own micro-cultures and history; merging cultures required change-management strategies and frequent communication.
- Although patients were notified of the changes, wrong-site arrivals occurred even up to three years after the change.
- Consolidation caused displacement of some specialists to other locations, both on and off-campus. Significant effort was required to align all stakeholders.
- Sharing registration agents with other specialties made for new difficulties implementing primary care-specific workflows initiated at patient check-in.

Outcomes:

- Improved availability of resources including ancillary support staff (behavioral health, social services, RN-case manager), specialized equipment and supplies, as well as consistent access to a laboratory draw station and x-ray.
- MAs and RNs were able to cross-cover more readily, including improved coverage at the beginning and end of day, during mandated breaks and absences.
- Administrators were able to provide onsite coverage more consistently.
- Meetings were better attended due to reduced need for travel time.
- Clinicians were able to more readily receive peer support, particularly for vacation coverage, case review and onboarding.
- Culture improved throughout the department with increased opportunities for casual interactions between staff and facilitated unified roll-out of new workflows and practice standards.
- Revenue improved with the additional facility fees recouped.