Learning Objectives

• Learn how to conduct an RHC practice assessment
• Identify strengths and weaknesses at RHCs, how to communicate these findings and discover how to assist with ongoing RHC program evaluation
• Discuss resources developed by the North Carolina Office of Rural Health
Agenda

• A little about NC DHHS and NC ORH
• A little about me
• Practical approach to practice assessments
  • What is a practice assessment?
  • Who needs one and why?
  • When should one be conducted?
  • Where does the assessment take place?
  • Why is this information important to me?
• Tammy’s practice assessment process
• Identifying strengths and weaknesses
• Resources, conclusion and wrap up
• Questions
• Contact Information
The Mission Of The N.C. Department Of Health And Human Services Is, In Collaboration With Our Partners, To Protect The Health And Safety Of All North Carolinians And Provide Essential Human Services.

“Culture of Accountability”
The Office Of Rural Health Assists Underserved Communities And Populations To Develop Innovative Strategies For Equal Access, Quality, And Cost-effectiveness Of Health Care For All.
ORH in NC

- Works with communities to meet the health needs of all underserved residents
- Fosters state and local partnerships with ownership vested in communities
- Provides in-depth technical assistance on an on-going basis
- Assures clear and measurable accountability
- Seeks to eliminate health disparities
• With ORH since April 2003
• Rural Health Operations Specialist
• Certified Professional Coder - Instructor
• Certified Professional Coder
• Registered Medical Coder
• Registered Medical Manager
• Registered Medical Biller
• Certificates in ICD-10 Management, Non-Provider Clinical, Billing and Coding
• 2011 National Organization of State Offices of Rural Health (NOSORH) Recognition Award winner
A couple of notes specific to NC –

NC ORH works with all types of safety net providers. The topics and tools covered today can be modified depending on the needs and type of the organization being assessed.

Types of safety net providers include:

- CMS- RHCs
- State-Designated Rural Health Centers
- FQHCs/Look-Alikes
- Free and Charitable Clinics
A Practice Assessment is a snapshot of a moment in time in the life of a practice. The assessment identifies operational strengths and weaknesses including but not limited to:

• Programmatic
• Financial (including revenue cycle, etc.)
• General operations
• Regulatory/compliance

The practice assessment can be narrowly focused on a particular area/areas or it may be a broader assessment reviewing several or all functional areas.
What is a Practice Assessment?

Produces a practice specific performance baseline demonstrating actual performance as compared to some standard (depending on the topic area)

A findings report guides the practice in creating an improvement plan by offering a series of findings, options and actions including but not limited to development of improvement goals, identification of reasons for current performance/outcome, and offering potential solutions for improvement

SOURCE: Adapted from ACP Practice Assessment Tools; https://www.acponline.org/practice-resources/quality-improvement/practice-assessment
In the current healthcare climate...

All provider/organization types. There is value in knowing where you are as you plan where you want/need to go.

Special consideration – organizations just becoming CMS-RHCs; organizations experiencing cash flow challenges; etc.
In NC, we provide Practice Assessment services by request (as is the case for all TA services – especially for non-grantees). Requests are prioritized based on described need.

In general, practice assessments can be completed at any time. An exception may be for organizations opening as or converting to CMS – RHC status. In this case, the assessment may be time sensitive, depending on where they are in the process.
Where Does a Practice Assessment Take Place?

This seems obvious, right???

What if the assessment is for a multi-site organization? How do you decide where to start?

Don’t be afraid to let the assessment guide you. You never know what you’re going to discover. Something that seems unimportant at first glance may be the “missing link” as you move through the assessment.
We’ve looked at the Who, What, When, and Where....
WHY??

Why do we do practice assessments?
Why should this be important to SORHs?

Why should practice assessments be important to CMS – RHCs?

(Keep these questions in mind – we’ll come back to them in a bit!)
Tammy’s Practice Assessment Process
1. Request is received by NC ORH Operations Team Program Manager
2. The request is prioritized and assigned to the appropriate Rural Health Operations Specialist (RHOS – this is my position).
3. The assigned RHOS contacts the organization for discussion and determination of the need.
4. The assessment is scheduled.
5. I take copies of all the tools – just in case. (Remember the 4 P’s – prior planning prevents problems!)

6. Upon arrival at the site, have a brief discussion with leadership – explain the process. Assessment tasks include, but are not limited to, document review (policies, forms, etc.), financial analysis, staff “interviews” (usually very informal), physical plant walk-through, billing/coding/documentation information, etc.

7. Work through the appropriate tool – based on the determined need – completing tasks as needed/as deemed appropriate.
8. At conclusion of assessment, have a brief “exit” discussion with leadership. Ask clarifying questions, answer leadership questions, next steps, etc.

9. Upon return to office, compile all notes, etc. Develop assessment results (strengths and weaknesses) and begin suggestion development.

10. Put together practice assessment report and work through internal approval process.

11. Forward final practice assessment report to organization. (Sometimes this is presented to the board of directors, etc. Where the report goes and when is determined during the preliminary discussions.)
12. Present results report to organization as previously determined. Answer questions as they arise.

13. Upon request, assist with development and implementation of action plan for improvement in areas of weakness. Determine if current strengths might be leveraged in areas of weakness, etc.

14. Continue relationship with organization. If new to the “family”, add to distribution lists, etc. Follow up as appropriate.

15. Record all technical assistance provided in TruServ.
Identifying Strengths and Weaknesses
What makes a strength a strength or a weakness a weakness?

Does the topic have a potential negative impact on/to the organization? If so, what is that potential impact?

Might a topic be both a strength and a weakness? Any examples?

* Could location be both a strength and a weakness?
Resources, Conclusions & Wrap-up
Tools Used by NC ORH

1. MASTER - FINAL Practice Operations Assessment.xls
2. Crisis Quick Assessment.doc
3. Physical Plant Walk Through.xls
4. VOLUMES - Profit & Loss Quick and Dirty.xls
5. SMC -- Practice Assessment Evaluation Report FINAL SAMPLE.docx
6. MVMC - Assessment Analysis.xlsx
7. MVMC - Practice Review Report.doc
Let’s walk through the tools.

(Feel free to ask questions as we go in the chat box on the right hand side of the screen.)
All Hazards Response and Preparedness Assessment Tool

https://www.fema.gov/media-library/assets/documents/21635

FEMA - Emergency Preparedness Resources for Businesses

https://www.fema.gov/media-library/resources-documents/collections/357
WHY???

Why do we do practice assessments?
Why should this be important to SORHs?

Why should practice assessments be important to CMS – RHCs (and other provider types)?
What do you think?

Do you think practice assessments could be a service your State Office provides?
Any Questions???
Resources

Centers for Medicare and Medicaid Services
www.cms.gov

National Rural Health Resource Center
www.ruralcenter.org

Rural Health Information HUB
https://ruralhealth.und.edu/projects/rhihub

National Association of Rural Health Clinics
www.narhc.org
Tammy Norville, CPC-I, CPC, RMC, RMM, RMB
Rural Health Operations Specialist
NC Office of Rural Health
Office: 919.527.6476
Cell: 919.215.0220
Email: tammy.norville1@dhhs.nc.gov
THANKS SO MUCH!