



Implementing the 'Moulaison' Model for Evaluating Workload and Productivity

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you can't manage what you don't measure

AMS Overview



Optimize drug therapy through centralized telephonic management of Warfarin, LMWH, DOACs, Epoetin, Iron

PCR
3.0 FTE

Call triage, patient letters, faxes, non-attendance outbound calls

MA
3.0 FTE

Open patients in DAWN, Email/Epic message triage, PST Program, processing referrals

LPN
4.7 FTE

Low acuity, stable, in-range patients

RN
9.0 FTE

Moderate acuity patients, INRs between 1.0 and 6.0, DOAC monitoring and education

Midlevels
8.0 FTE (RPh & ARNP)

High acuity patients: New starts, peri-procedural management, DOAC initiation and monitoring, anemia management, refills

6400
Warfarin patients

1200
DOAC patients

100
Anemia patients

3300
Procedure Plans annually

Why we needed workload & productivity measures

Tools and processes available to measure:

- Quality Performance
 - TTR and Benchmarking Report
 - Kaiser Permanente Interregional Performance and Quality Data
- Affordability Performance
 - Claims, Acquisition Cost, and Utilization Data
 - Budget and Labor Reporting

No tools or processes to measure:

- Resource utilization
 - Are we staffed appropriately?
 - What's our capacity to take on new work?
 - How do we adjust work where needed to meet goals?
- Variation in performance and opportunities to:
 - Streamline Processes
 - Redefine work
 - Retrain content

Models Considered

- Queue/Panel Size
 - Does not take into consideration complexity of patient population
 - Varying regional practices
- Encounters/Visits
 - Does not take into consideration complexity of patient population
 - Does not account for work done that is not part of a visit
- RVU (Walter Moulaison)
 - Better measurement of all tasks
 - Takes into account complexity of tasks and visits

Development of our model

- Cycle Time Studies (chairside)
- Volume Measures (new report created in DAWN)
 - INR/Dose Authorized
 - Anemia Visits Closed
 - Reminders Completed by type
 - Procedures
 - Quick Note Texts

Development of our model

Risk Class	Activity	Cycle Time (minutes)	Volume	Relative Value Units (min)
High	INR Dose Authorized	5	2187	10935
	New Referral	15	284	4260
	Procedure Plan (Part 1)	20	358	7160
	Procedure Plan (Part 2)	20	358	7160
	DOAC	15	271	4065
	Anemia	12.5	219	2737.5
	Prescription initiation/renewal	5	410	2050
	Misc. Chart Documentation	3	2493	7479
Total Work Units (hours)				764 Hours

Relative Value Units (hours) = Cycle Time (min) x Volume / 60 min

Total Work Units	Clocked Time	% Time Accounted
764 hours	1172 hours	65%

Individual Productivity

Total INRs	New Referrals	Total NOAs	Procedures	Anemia	DOAC	RX Auth	Total	Hours Worked	RVU (hours)	RVU (min)/Hour	STDEV	STDEV-1
197	9	214	6	6	12	13	457	88	36.7	25.02272727	7.220321	23.90067
74	15	80	21	42	5	28	265	48.75	33.25	40.92307692		
62	17	92	17	11	12	25	236	75	27.058333	21.64666667		
395	58	460	66	1	89	88	1157	163.75	122.20833	44.77862595		
35	39	31	4	43	3	32	187	48	27.925	34.90625		
187	28	73	21	20	31	41	401	101	48.566667	28.85148515		
247	46	348	43	31	24	39	778	178.25	79.525	26.76858345		
196	29	409	35	3	27	42	741	113.75	66.575	35.11648352		
370	11	195	46	32	18	52	724	137.75	74.166667	32.30490018		
178	10	290	50	7	30	27	592	88	59.708333	40.71022727		
246	22	301	49	23	20	5	666	130	67.591667	31.19615385		
										32.92956184	All ML Avg	
2187	284	2493	358	219	271	410	6222	1172.25	764.10833	31.12098785	Daily Expectation	

- For each clinician: How many RVU’s were produced for each hour worked?
 - Is everyone pulling their weight?
 - Are certain individuals focusing on favorite activities to do?

Math

- Daily Expectation = Total work units (min)/Expected work hrs
 - Expected Work Hours:
 - $8 \text{ FTE} \times 80 \text{ hrs/FTE} = 640 \text{ hrs per pay period} \times 26 \text{ pp/yr} = 16,640 \text{ hrs}$
 - Accounting for PTO: $25 \text{ days} \times 8 \text{ hrs} \times 10 \text{ Clinicians annually} = 2,000 \text{ hrs/yr}$
 - Total expected yearly worked hours = $14,640 = 40.1 \text{ hours per day for } 365 \text{ days/yr}$
 - For the month: $40.1 \text{ hours/day} \times \text{days in the month} = \text{Expected hours for the month}$

Staff Survey on Feasibility

26 RVU/hr

Task	QTY
INR	42
Referral	14
Chart Documentation (.NOA)	69
Procedure	10
Anemia	17
DOAC	14
Rx Authorization	42

29 RVU/hr

Task	QTY
INR	46
Referral	15
Chart Documentation (.NOA)	77
Procedure	12
Anemia	19
DOAC	15
Rx Authorization	46

- If only 1 task was performed all day, is this a reasonable expectation?
- Does this task equivalency table make sense?

Setting Performance Expectations

- Validated data over 5 month period
 - Average productivity per clinician to complete incoming work = 26 RVU/hr
- Initial Target: Increase productivity by 30% or to goal of 26 RVU/hr over 6 months
- Update documentation standards and share tracking methodology with staff

Monitoring Quality Targets

2018 Quality Goals:

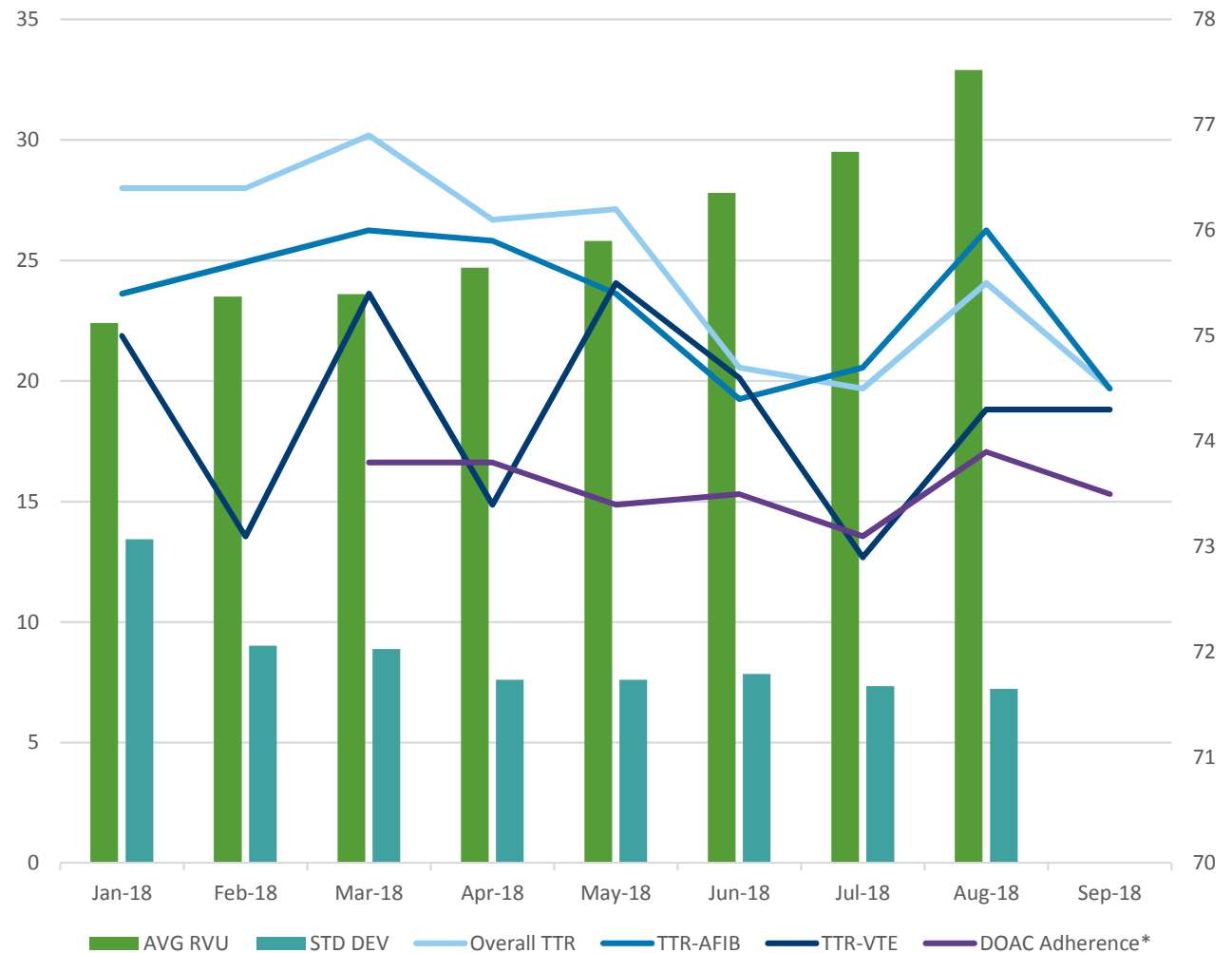
TTR-Afib: 75%

TTR-VTE: 73%

DOAC adherence: 85% of population at Proportion of Days Covered (PDC) > 80%

*Data includes discontinued prescriptions

Productivity Compared to Quality



What's Next?

- Establishing performance goals of where we should be
- Enhancing our model to capture more of the work that is unaccounted for
- Restructuring the workload
 - Tracking strength/weaknesses to better leverage subject matter experts (SME)
 - Improve overall team performance
- Measure and track customer service metrics
 - Peer and manager evaluations on recorded calls
 - Potential for JD Powers or other customer service surveys

Questions?