Discovering the “Cost of Current Quality” (COCQ) in a Family Medicine Practice

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A case study presentation from the ASQ Healthcare Division:

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About St. John’s Family Medical Associates

• Moderate-size family practice
• Provides family medical care
The Project Team

- Charlene DeBets, supervisor (leader)
- Nicholas Urbanczyk, physician
- Jennifer Wride, RN
- Nashelle Simpson, biller
- Stephanie Nimmons, COA
- Michelle Valentine, process improvement coach
The Problem

When asked to identify the most difficult, problematic, and least-liked process in the practice, St. John’s Family Medical Associates staff named the processing of patient forms (work-comp forms, disability forms, school physical forms, etc.) as the most troublesome:

- Considerable physician time was tied up completing these forms.
- Completing the process was taking up to two weeks.
- Patients were even leaving the practice because they could not get their forms completed in time.
Project Goals

• Reduce the physician and staff time required for completion of patient forms.

• Improve the throughput time required for completion of patient forms.

• Reduce staff stress resulting from dealing with dissatisfied patients.

• Demonstrate the value of process improvement tools in a medical practice.
Root Cause Analysis

• The process used to process patient forms was inefficient, error prone, and redundant.
• A value stream map of the current process identified wastes, redundancies, and delays, or the “Cost of Current Quality.”
Addressing Root Causes

Value stream map of current process, i.e., the “Cost of Current Quality”

Management Of Patient Medical Forms

Current State
Addressing Root Causes

Value stream map of current process, i.e., the “Cost of Current Quality”

Practice Performance In The Current State

First time quality (FTQ, % of time process is right the 1st time): 1%

Value/cost of total physician time spent / yr in process = $130,000

Value/cost of total staff time spent / yr in process = $39,780

Value/cost of total practice time spent / yr in process = $169,780

Management Of Patient Medical Forms

Current State
Addressing Root Causes

- Practice staff received instruction in the use of process improvement tools for waste reduction.
- Working together, practice staff used process improvement tools to dramatically improve the process.
Addressing Root Causes

Future State

Practice staff used process improvement tools to dramatically improve the process.

Management Of Patient Medical Forms
Addressing Root Causes

Working together, practice staff used process improvement tools to dramatically improve the process.

**Practice Performance In The Future State**

First time quality (FTQ) = 72%

Value/cost of total physician time spent / yr in process = $69,333

*This represented a hard savings of 2 full hours of physician time every day!*

Value/cost of total staff time spent / yr in process = $11,115

*This represented a hard savings of 5 full hours of staff time every day!*

Value/cost of total practice time spent / yr in process = $80,448

PLUS: Process throughput time for forms cut in half!
Return on Investment

Net return on investment: $90,000

Improvement in first time quality (FTQ): From 1% to 72%

Physician time cost reduction / yr = $60,667

Staff time cost reduction / yr = $28,665

Total practice cost reduction / yr = $89,332

Per cent cost reduction / yr = 52%
Return on Investment

• Documented proof of $90,000 in hard dollar annual savings from having “leaned” just one irksome process in the practice—a process that is common to ALL primary care practices.

• Energized staff and physicians eager for more improvement.

• Can be done by practice itself without outside help.
St. John’s Family Medical Associates: Discovering the “Cost of Current Quality”
St. John’s Family Medical Associates: Discovering the “Cost of Current Quality”
Results of Post-Intervention Staff Evaluation Survey

1. Were you aware of process flow mapping before you participated?
   - Biller: I heard things about it, but never really got information as to what it was about.
   - Doc: No
   - COA: Just a little
   - Nurse: Not really
   - P.Mgr: Some

2. Was the process we chose to look at relevant?
   - Biller: Oh yes, it was so relevant. It was actually the perfect process.
   - Doc: Yes, one of the frustrating paperwork issues in the office.
   - COA: Yes
   - Nurse: Yes
   - P.Mgr: Yes, the staff chose the process that frustrated them a lot

3. Was the process fun?
   - Biller: It was a lot of fun, most of all very interesting.
   - Doc: Yes
   - COA: Yes, it’s almost like starting a new career.
   - Nurse: Yes
   - P.Mgr: Michelle made learning fun and rewarding
Results of Post-Intervention Staff Evaluation Survey

4. Was the process valuable to you?
   - Biller: It was so valuable, I even plan to do a value stream mapping on my personal life.
   - Doc: Yes, to improve work flow, MA time management – focus patient care issues.
   - COA: Yes, it made a lot of sense, also a lot of knowledge was put into this project.
   - Nurse: Very much so.
   - P.Mgr: It pinpoints the root cause so you can remove waste.

5. Was the process valuable to the practice?
   - Biller: It is definitely valuable; it will help eliminate wasted time and chaos.
   - Doc: Need to examine, work burden may have shifted to medical records.
   - COA: The process was very valuable and will most definitely keep our customers happy with our practice.
   - Nurse: Absolutely.
   - P.Mgr: Yes, we will use it over and over again to continue to remove waste from our daily processes.

6. Do you understand more about finding and dealing with waste?
   - Biller: I have learned so much. I have more knowledge of the process coming out.
   - Doc: Yes, finding waste is easy; dealing with waste is the trouble.
   - COA: Yes the process will most definitely cut cost and waste.
   - Nurse: Yes.
   - P.Mgr: Absolutely! FTQ, error proofing should be everyday terms.
Results of Post-Intervention Staff Evaluation Survey

7. Are you interested in participating in more process improvement activities at the practice?
   – Biller: I wouldn’t mind be a part of that.
   – Doc: Yes, I have several in mind.
   – Nurse: Sure, anytime.
   – P.Mgr: We’re not going to stop now that we have the tools.

8. Are you interested in learning more about process improvement?
   – Biller: Yes, I would love to learn more, to apply it to the workplace. If will better our practice and make our customers feel better, than it is well worth the effort.
   – Doc: I feel that I have enough tools to go forward.
   – COA: Yes
   – Nurse: Yes
   – P.Mgr: Anything that helps us to achieve and maintain excellence is worth learning.
9. Did you learn anything?

– Biller: I’ve learned a lot. How much time being wasted, and how much unnecessary rework we do here in the practice. Value Stream Mapping is forever needed to have success or be successful in your practice, business, and/or company.

– Doc: Yes, a problem of complexity can be slimmed down and to take one problem at a time.

– COA: This waste process was very helpful to take an inventory on your life as well. You can take this process to make changes in your lifestyle daily as well.

– Nurse: Yes, that anyone can help make changes and improve processes.

– P.Mgr: Yes, it isn’t hard to break down the parts of a process and build it the best way.

10. What did you like best about the process?

– Biller: I liked that it would cut down on a lot of wasted time, stress, and chaos. That is saves money, time, and everyone will be happy.

– Doc: Looking at a simple, frustrating problem and developing a simple solution.

– COA: I like that this process will benefit throughout your daily process as well as your weekly process.

– Nurse: It actually works and improves office flow.

– P.Mgr: How easy it actually is to see where we need to eliminate waste.
11. What did you like least about the process?

- Biller: After learning what this was all about and the knowledge I have gained from this entire process, there is nothing that I least like about it. The whole process was fun and interesting.
- Doc: We need to be careful not to just shift the “work burden” to another area in the office.
- COA: Everything was great. The process itself will save a lot of time.
- Nurse: Well, no one really likes homework, do they?
- P.Mgr: Nothing to dislike about the process. Honing up on my computer skills to present a nice layout is necessary.
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