Mario Drummonds, MS, LCSW, MBA

J&J/UCLA Class of 2004

CHIP Award Winner 2008

Chief Executive Officer

Organization: Northern Manhattan Perinatal Partnership, Inc.
New York, New York

History of the Agency: In 1990, the infant mortality rate in Central Harlem was the highest in the United States: nearly 28 babies out of 1,000 live births died before they reached the age of one, more than three times the national average. Due to the hospital's poor history and failure to respond to competitive changes in the local healthcare marketplace, local Harlem residents sought medical services elsewhere. By 2002, the deliveries at Harlem Hospital declined by 72% over the past decade and the hospital had been operating at a deficit for a number of years.

In 1998, NMPP formed a strategic partnership with Harlem Hospital to address the infant mortality rate crisis and convinced the hospital's board that a new birthing center was the solution. Mario worked with the hospital leadership to raise two million dollars and open a state-of-the-art center in 2003. Now, they had the facilities and the staff; the only thing missing was the patients. When Mario analyzed the situation during the J&J/UCLA HCEP, his CHIP strategy became clear: marketing was vital to promote and sustain the new birthing center.

CHIP Project:

1. Harlem Hospital will increase delivery market share by 20% by March 1, 2006, through the development and implementation of a comprehensive marketing plan.
2. There will be drastic changes to the clinical operating process. As a result, the infant mortality rate in Central Harlem will decrease to 6 deaths per 1,000 live births by 2007.

Impact of Implementation:

- Increased market share of births by 25% from 2004
- Infant mortality rate below 10 deaths per one thousand live births for the past four years, reaching an all time low of 5.1 deaths in 2004
- Harlem Hospital designated a Level 3 hospital by the New York State Department of Health
- NMPP selected by HRSA in 2004/2005 as a Healthy Start "Center of Excellence"
- NMPP designated by the New York Non-Profit Press as the "Agency of the Month" for its work in saving babies and dramatically reducing the infant mortality rate in Harlem
- NYC Mayor Michael Bloomberg allocated $250 million dollars to build a new hospital

A room at Harlem Hospital's Birthing Center

Mario states, "We've turned the core competency of marketing into an income producing business for NMPP. The CHIP process made this possible." Mario now consults at Healthy Start and community health centers throughout the nation helping them adopt the Harlem Hospital business model. Mario believes that the techniques used to reengineer Harlem Hospital's internal operating process from triage to aftercare and external market position can be used with any organization to optimize care.

Lessons Learned: NMPP gained new insights on how to segment the market of pregnant women and came away from the HCEP with the tools to determine value propositions for each segment.

Lougene Marsh, MPA

J&J/UCLA Class of 2004

CHIP Award Winner 2006

Executive Director

Organization: Flint Hills Community Health Center
Emporia, Kansas

History of the Agency: Flint Hills Community Health Center (FHCHC) is a federally funded Community Health Center that is part of a public entity, the Lyon County Health Department. Community Health Center funding was initially awarded in 1997 based on the needs of underserved populations in Lyon, Chase, Greenwood and Osage Counties.

CHIP Project: The increasing cost of prescription drugs were making it difficult, if not impossible, for many of Flint Hills' low-income, uninsured patients to acquire the needed pharmaceutical products to treat acute and chronic diseases. Lougene made it her goal while at J&J/UCLA HCEP to increase the availability of affordable pharmaceuticals for the local patient population by:

1. Developing a 340B drug pricing initiative and a contract to begin service provision.
   (The 340B program is a federal initiative allowing qualified entities to purchase pharmaceutical products at significant cost savings, averaging as much as 48% below average wholesale price.)
2. Increasing the utilization of Pharmacy Assistance Programs offered through the pharmaceutical manufacturers by acquiring software to ease the administrative burden.

Impact of Implementation: Lougene created a 17-step development process for the 340B Drug Pricing Program and a detailed project plan to guide implementation. Based on her proposal, Flint Hills was awarded $70,000 to provide significant discounts to participating patients. The program was officially implemented on August 10, 2005, and announced during a National Health Center Week event, which attracted substantial media coverage.

Through the 340B implementation process, Lougene forged a relationship with the Office of Pharmacy Affairs and learned about Technical Assistance. Flint Hills acquired the software, trained its staff and now has a dedicated full-time employee to manage the administration of Pharmacy Assistance Programs. This has significantly increased patient access to prescription drugs.

Prior to the 2005 Kansas legislative session, Lougene had a chance encounter with Senator James Barnett. She seized the opportunity to present him with her CHIP, and he quickly pledged to endorse the program. Senator Barnett presented a successful appropriation request for the development of 340B programs in Federally Qualified Health Clinics across Kansas. Because of the appropriation, nearly 14,000 patients statewide received prescription assistance in the first nine months. At Flint Hills Health Center, 2,500 patients annually now receive prescription assistance with documented improvement in chronic disease management due to improved access to required pharmaceutical products.

Senator Barnett honored at the Flint Hills Health Center for his work to make prescription drugs available to low-income patients.

According to Lougene: "The overall organization has been strengthened by its exposure and success with the CHIP process. There is little doubt our patients have higher compliance rates with therapeutic regimes and better disease control because of increased access to pharmaceuticals."

Lessons Learned: Demonstrated success with an initiative builds credibility organization and garners future political and financial support.

Joe Dawsey

J&J/UCLA Class of 2006

Executive Director

Organization: Coastal Family Health Center
Biloxi, Mississippi

History of the Agency: Hurricane Katrina destroyed four of the Coastal Family Health Center medical clinics and severely damaged the other five. Joe Dawsey was determined to rebuild the center's main hub, the Biloxi clinic, and repair the other clinics while continuing to provide care to the thousands of displaced community members.

CHIP Project: Joe used the CHIP planning process as the catalyst to help him launch a successful rebuild. "The first step to recovery is the most difficult. The CHIP framework provided a clear guideline for my rebuild and after two rejuvenating weeks in California, I felt prepared to tackle the challenge." His CHIP had two parts:

1. Identify a funding source, since the Biloxi clinic was not covered by flood insurance due to its location
2. Design a functional building, engage a contractor and secure resources to sustain a rebuild

Joe returned to Biloxi reenergized and full of hope and motivated his colleagues to feel the same way. He presented his CHIP to the board of directors in one of Coastal's makeshift trailers and received immediate approval.

Impact of Implementation: Joe formed an Executive Committee from key organizations across the nation. Due to the committee's grant writing, Coastal was awarded funding through a Social Services Block Grant and also received monetary donations and critical supplies from HandsOn USA, Project Hope, and AmeriCares as well as corporate companies such as Johnson & Johnson. Joe also formed a team of mental health, public health, and community health center officials to manage all of the volunteers who came into to Mississippi, giving the volunteers clear roles and responsibilities.

The City of Biloxi provided Coastal with new land in close proximity to the original clinic. Joe located, hired, and managed contractors for the Biloxi building as well as 5 separate construction projects – all while providing medical and dental care to even more patients than pre-Katrina.

Even though Joe faced such challenges as the loss of all computers, phones, and billing systems and a major staffing and housing shortage, Joe persevered to achieve his CHIP objectives. On December 13, 2007, Coastal Family Health Center hosted a ribbon cutting ceremony to announce the grand opening of the new Biloxi center as well as clinics in Bay St. Louis and Moss Point. The new 20,000 square foot center replaces five temporary sites and will enable Coastal to provide improved medical, dental, ophthalmology and HIV/AIDS services to the residents of Biloxi. There are more medical examing rooms, a new dental practice, a substance abuse screening & prevention area, a conference room, and a patient waiting room. The publicity from the grand opening has driven new traffic to the Biloxi clinic, and Joe has also been asked to help build other community health centers.

Joe Dawsey, with Board President Martha Milner, cuts the ribbon to celebrate the opening of their new clinic.

Lessons Learned: The CHIP framework provides a foundation for achieving success. Remember to revisit your strategic plan and have faith in yourself and your community.

Gail Petersen, MS, RN

J&J/UCLA Class of 2002

CHIP Award Winner 2003

Assistant Director for Clinical Practice

Organization: Arizona State University College of Nursing & Healthcare Innovation
Phoenix, Arizona

History of the Agency: ASU's Breaking the Cycle Community Health Care (BTC) has provided outreach clinical services using the nursing model in schools, churches and homeless shelters since 1991. In 2001, in collaboration with Grace Lutheran Church of Phoenix, it became the only Title X (Family Planning) clinic in the United States to deliver reproductive health services on the grounds of and in partnership with a church. BTC also serves as a clinical site for undergraduate and graduate nursing students, as well as offering opportunities for faculty practice and research.

CHIP Project: To develop and maintain a nurse managed health center integrating culturally competent health services, education, faculty practice and research that would ultimately serve as a model program for Colleges of Nursing nationwide. To achieve this goal, Gail combined her two passions, art and healthcare, with her new understanding of marketing. She decided to host an annual benefit called "Art for Health!" featuring an art exhibition and sale to raise funds, sustain donors, and create awareness for one of ASU's nurse managed heath centers.

Impact of Implementation: In February 2004, Gail partnered with ASU's Herberger College of the Arts and collaborated on the release of a Call to Exhibit to the students of Herberger as well as artists from the local community. Gail also utilized flyers, postcard mailings, and viral marketing for the first event in May 2004. It was a great success; however, Gail never imagined what the "Art for Health!" event would amount to during the years following. By 2007, 250 guests attended, including key members of the ASU Foundation. 63 pieces of artwork were submitted, with 22 pieces sold. The Friends/Amigos of Breaking the Cycle netted $8,000 in proceeds through the ASU Foundation. In addition, there were six donors in $1,000 to $7,000 range.

The Herberger College has now been a partner for 5 years, participating in different ways each year. It has have supported the printing costs of the postcard invitations, engaged students from the Dance department to perform at the event, included the event in their publication, and initiated planning for future "Art for Health!" events. Gail has also worked with a marketing student from ASU's College of Business and developed a brochure to promote BTC within the University community and to gain financial support from the business community. Gail states, "Involvement with disciplines outside of healthcare can bring diverse partners to the table and diversify your revenue stream. This annual event provides an opportunity for us to publicly thank our donors and cultivate new donors. This is a tremendously enjoyable, elegant event that affirms our relationships in the community and with our agency at all levels."

BTC donors Dr. Gary & Barbara Mackman

Lessons Learned: The CHIP has incredible value as the basis for the building blocks of multiple marketing strategies. It can be utilized to expand and organize creative ideas that will ultimately help invigorate staff to implement projects, pull in new partners and increase the sustainability of your organization.

Agnes O'Connor

J&J/UCLA Class of 2004

CHIP Award Winner 2007

Administrator, Pediatric Infectious Diseases

Organization: Stony Brook University Medical Center
Stony Brook. New York

History of the Agency: The State University of New York at Stony Brook is located on the eastern tip of Long Island. Stony Brook University Medical Center (SBUMC) is the only teaching hospital and medical center in a 912 square mile area. Of all of the neighboring community hospitals, SBUMC has the largest patient population, the highest number of qualified researchers, and the higher level of technological expertise to conduct large scale research.

CHIP Project: Agnes conducted a situational analysis and discovered that the research at SBUMC was being hindered by undefined organization goals, limited guidance for new investigators developing clinical trials expertise, and a siloed organizational structure. Agnes believed that a nexus was needed to provide access to cutting-edge industry-sponsored clinical research while meeting the needs of industry trends by providing access to a large, well-established and diverse patient population.

Impact of Implementation: At the direction of Dr. Sharon Nachman, Professor and Chief of Pediatric Infectious Diseases, Agnes utilized the tools from the J&J/UCLA HCEP and proposed a detailed business plan, which included a strict six-month timeline and fiscal projections. The proposal was submitted to the Dean of the School of Medicine, the Vice President for Research, and the University President in January 2006. Once all senior management had endorsed, the Office of Clinical Trials (OCT) at Stony Brook was established. The OCT connected with existing industry partners and clinical research organizations and scheduled monthly meetings and weekly conference calls during the six-month implementation to discuss drugs in development and research protocols in the pipeline. As a result, the following progress has been made during Year 1:

- 15 new clinical research trials have been opened at SBUMC.
- Ten junior faculty have received mentorship and training to become qualified clinical researchers.
- A new user friendly web-page was created. Internally, researchers and faculty can now review available and upcoming research in their disciplines. Externally, industry sponsors can monitor progress and communicate with potential research partners. Patients can indicate interest in participating in clinical trials.
- SBUMC opened a designated Clinical Trials Unit that provides access to the newest technologies, medications and treatment modalities such as cardiac catheterization for patients who would otherwise not have access This unit increases Stony Brook's attractiveness within the industry.
- Steering and Coordination Councils have been formed. They meet on a monthly basis and report to the Dean of the School of Medicine and the Vice President of Research.

Lessons Learned: With the current climate of escalating medical costs, shrinking insurance, and other third party reimbursements, as well as the increasing number of uninsured and underinsured patients, a business focus is essential to the survival of any healthcare organization. SBUMC has witnessed a fundamental change in the culture of the University and a rejuvenation of basic science research and entrepreneurial spirits.

Hilton T. Perez, MD, MBA-HA, MT (ASCP)

J&J/UCLA Class of 2006

President & CEO

Organization: Midland Community Healthcare Services
Midland, Texas

Mission of the Agency: MCHS provides quality, accessible healthcare services to the medically underserved population of the Midland community, regardless of their ability to pay for services, through three separate clinics specializing in pediatrics, women's health, adult & family medicine, and dental services. Furthermore, MCHS strives to help each individual patient qualify for different local, regional, state, and federal programs.

CHIP Project: Identification and face-to-face registration of 800 new prospective patients of the Medically Underserved Population (MUP), who are not linked to a primary healthcare provider, for eligibility of healthcare services by January 15, 2007.

Impact of Implementation: MCHS identified and opened five outreach posts throughout the Midland area in the Midland Independent School District, social service agencies, local businesses and the Midland County Hospital District's Emergency Room. The staff was trained to promote the services and drive the new patient registration. Hilton also teamed up with local partners such as PBS (local public television) and Laura Bush's "Reach Out and Read Program." In addition, a new marketing campaign was created to promote the many services of MCHS through bilingual public service announcements. It was implemented via a comprehensive distribution network including local radio stations, television channels, and newspapers that reached the targeted population. The result was outreach to 4,000-5,000 new patients during 2007, greatly exceeding his objective.

Hilton states, "The CHIP project was the initial catalytic step which promoted a series of initiatives that positively impacted Midland Community Healthcare Services (MCHS), the community, and most important, its patients." First and foremost, MCHS has been able to identify and target underserved, underinsured, and uninsured populations within the region and through outreach, can provide these populations with access to quality healthcare services – what he likes to refer to as, "bringing patients to care."

MCHS has increased its efficiency within MCHS, through the Access and Redesign Collaborative, in order to better serve the volume of new patients and has expanded the safety and quality of services offered within all areas of Primary Care, Dental and Mental Health services. MCHS has also implemented a Practice Management System as well as upgraded software to store all medical records electronically.

Overall, Midland County has seen a considerable decrease in unnecessary ER visits by linking underserved, underinsured and uninsured patients to a provider that offers significantly more cost-effective healthcare services. MCHS has estimated that this has decreased the impact on taxpayers by saving the Midland County Hospital District $2.5 million within the last six months of 2007. Consequently, MCHS was acknowledged at the Texas Association of Community Health Center's 24th Annual Conference for an "Outstanding Performance and Commitment to the Maintenance and Spread of Optimizing Comprehensive Clinical Care."

Lessons Learned: The patient is now the "central" component within the Midland Community Healthcare Services (MCHS), and there has been a focus on community outreach. As a result, MCHS is no longer the "best kept secret."

Alma Roberts, MPH, FACHE, President and CEO
Maxine Reed Vance, RN, MS, Chief Clinical Affairs & Quality Assurance Officer
J&J/UCLA Class of 2006


Alma Roberts

Organization: Baltimore City Healthy Start, Inc.
Baltimore, Maryland

Mission: To be a leader in providing and coordinating services for pregnant and post-partum women and their babies living in vulnerable conditions in Baltimore City.

CHIP Project: Prior to J&J/UCLA HCEP, Alma had just become CEO and was tasked with dealing with the worsening birth outcomes. Together at J&J/UCLA HCEP, Alma and Maxine devised a CHIP to enhance and expand the Healthy Start targeted case management model service delivery to vulnerable pregnant, postpartum, and interconceptional women and their families in the Baltimore area by:

1. Diversifying funding opportunities for new services and to ensure project sustainability
2. Increasing advocacy for families and public awareness surrounding the issue of infant mortality reduction
3. Enhancing visibility and recognition of Baltimore City Healthy Start among funders
4. Improving data collection to better identify those who can benefit from Healthy Start programs

Alma and Maxine targeted one specific area of Baltimore—Greater Greenmount East—due to the following factors:

- Median income is $18,712
- Teen pregnancy rate is almost double that of the City of Baltimore
- Only 56.52% of mothers had first trimester prenatal care
- 18 infant deaths per 1,000 live births annually vs. the city's rate of 14


Maxine Reed Vance

Alma and Maxine submitted a proposal to the Family League of Baltimore City for funding to expand home-visiting services to pregnant and post-partum women living in the Greater Greenmount East area. In April 2007, BCHSI was awarded $338,025.

Impact of Implementation: Since the addition of Healthy Start services, BCHSI has enrolled 105 underserved women and has had 43 births, of which 86% were normal weight. Because of this success, the City of Baltimore and the United Way of Central Maryland have funded Healthy Start for an additional year of operation. Life planning (computer training, GED, adult literacy, etc.) and dental services will be also be added.

For a spin-off CHIP, the Maryland Department of Health & Mental Hygiene - Center for Maternal and Child Health (DHMH-CMCH) awarded $50,000 to BCHSI to conduct Community Needs Assessments in 4 other communities. The critical findings lead BCHSI to explore the feasibility of a mobile services unit and submit a proposal for $2,982,911 for implementation. While full funding has not yet been granted, DHMH-CMCH has provided an additional $70,000 for Healthy Start to continue community engagement in planning for the unit operation and $337,000 for community-based satellites. In addition, Baltimore City Healthy Start launched a public awareness and fundraising campaign, *Cradle of Hope: Campaign for Healthy Babies*, designed to inform and mobilize the citizens of Baltimore around the issues of infant mortality, low birth weight and premature births.


Healthy Start Clinical Team with client at the Greater Greenmount Center

Lessons Learned: Data, Data, Data. Have verifiable data that presents the case for your project from multiple perspectives, including potential funders, clients, general community, regulators, etc.

Susette Schwartz

J&J/UCLA Class of 2004

CHIP Award Winner 2008

CEO

Organization: Hunter Health Clinic, Inc
Wichita, Kansas

History of the Agency: Hunter Health Clinic began in 1976 as a small Indian clinic with a volunteer OB physician from the Prairie Band Potawatomi Nation providing free medical services at the local Indian Center. The clinic has 90 employees, who provided 71,197 face-to-face encounters to 20,811 unduplicated persons in 2007. Its patient base consists of 69% uninsured, 76% below poverty, 26% best served in a language other than English and 9% homeless. Hunter combines traditional and western approaches to patient/client services for multi-cultural competence.

In early 2006, Hunter was averaging 300 new patients per month, yet there were threats to the financial viability. The uninsured reached 80%, new citizenship requirements dropped the Medicaid enrollment to 12%, and safety net clinics began to actively recruit patients with Medicaid, Medicare and private insurance. This furthered Hunter's concern about its own decreasing revenues from third party payer sources. Although Hunter had consistently surpassed national efficiency and productivity expectations and received numerous quality of care awards, the access system was severely taxed by the increased patient volume. Patient complaints were frequent and justified. Additional costs included:

- Disproportionate amount of staff time managing the back-log of patient demand for access,
- Excessive walk-in triaging to determine who was sick enough to get the last available appointment
- Frequent scheduling and rescheduling of patients, yet empty slots going unfilled despite the demand
- Self-referrals to the ER or other safety net clinics

CHIP Project: Hunter Health Clinic's solution was to increase access to primary health care services by eliminating scheduling backlog and allowing patients to book same-day appointments. A redesign team of a physician champion and key support staff was established. These employees were frustrated with the current system and willing to dedicate the time to implement the CHIP. From there, the phone and scheduling systems were redesigned, additional staff was cross-trained, and nurses were freed up for critical patient care. The CHIP progress was reviewed at weekly open access team meetings to monitor potential problems and devise solutions.

Impact of Implementation: After 6 months, the CHIP implementation had the following impact:

- Reduced patients' wait for routine appointments from 43 to 7 days
- Reduced the patient no-show rate from 50% to 28%
- Reduced check-in to check-out from 180 to 62 minutes
- Increased clinic/provider capacity by 38%
- Increased provider productivity from 85th to the 94th percentile
- Patient complaints have virtually ceased

Susette notes "after two years of Open Access, the inefficiencies of the traditional approach to health care have all but vanished and the innovative, fluid approach has prepared the staff for future large scale process changes."

Lessons Learned: Operational changes have a huge impact. Time-intensive and unsuccessful recruitment efforts were replaced by simple changes to the scheduling process. This increased Medicaid from 17% to 27% in the first week of implementation.

Brendan L. Ashby, MBA, MPH, CHES

J&J/UCLA Class of 2007

Executive Director

Organization: Northeast Minnesota Area Health Education Center
Hibbing, Minnesota

History of the Agency: The Northeast Minnesota Area Health Education Center, formed in 2003, is a private nonprofit 501(c)(3) in collaboration with the University of Minnesota that promotes rural health educational opportunities and addresses health workforce challenges unique to the 10 county region. The mission is to sustain and strengthen the health care workforce through collaboration between communities and academic institutions. Currently in rural Northeast Minnesota, there are three major health problems--diabetes, obesity, and avoidable hospitalization and rehospitalization of elderly residents--taxing an already overburdened health care system. These three health issues will continue to increase the demand for health care services, especially given rural Minnesota's aging population, just as the region is facing significant health professional workforce shortages.

CHIP Project: Brendan knew that he needed to devise a method for the Northeast Minnesota Interprofessional Rural Health Network to develop a sustainable rural health network for rural and underserved residents. In support of this goal, the network would stimulate long term partnerships between rural, community-based health care providers and academic partners and enhance its implementation of Interprofessional Practice and Education (IPE), a distinctive health care practice and educational framework in which health care providers and health professions students from different disciplines work in collaborative teams to improve health outcomes by:

* Developing best practices for improving health outcomes for diabetes, obesity, geriatric rehospitalization, and medication therapy management for the target population in the service area.
* Improving interprofessional educational experiences for health professions students.
* Creating a more efficient collaboration among Network Partners on educational issues.
* Increasing numbers of health professions students completing rotations at Network sites.

Impact of Implementation: During the initial one-year network planning period, the Northeast Minnesota AHEC, University of Minnesota Academic Health Center, Fairview University Health Services, Mercy Hospital & Health Care Center, and the Minnesota AHEC Faculty Leadership Council worked together to identify governance structure, review goals and objectives, leverage the best practices of the netword members, and assess processes to increase the network to include all health systems in Northeast Minnesota. The Rural Health Network Development Planning grant proposal was also developed and as a result the Northeast Minnesota Area Health Education Center was granted $81,962 for implementation.

According to Brendan, "The J&J/UCLA Health Care Executive Program enhanced my core competencies and leveraged those proficiencies to benefit my organization and the stakeholders that I serve. An incredible amount of affirmative energy has developed around the CHIP and the possibilities are innumerable. Although the Northeast Minnesota Interprofessional Rural Health Network is still in its formative stages, the innovative strategies and tools gained from the HCEP will prove invaluable to the formation of a sustainable and robust heath network."

Lessons Learned: Improved communication amongst the network has allowed members to explore ways of sharing information and lessons learned to increase efficacy of interprofessional care for the patients of Northeast Minnesota.

NORTHEAST MINNESOTA AHEC

Pete Leibig

J&J/UCLA Class of 2003

CHIP Award Winner 2004

President and CEO

Organization: Clinica Family Health Services
Lafayette, Colorado

History of the Agency: When founded in 1977, Clinica Campesina was a single room with a curtain down the middle with a nurse practitioner on one side and a receptionist on the other. In 1986, the mayor of Denver decided a disproportionate amount of city funding was being spent on health services from low income uninsured families in the rapidly growing suburbs. Consequently, access to care for uninsured suburban residents was closed. At that time, Clinica Campesina had one small site in Lafayette, Colorado, northwest of Denver. Residents of Denver's suburbs began streaming to Clinica for care. Expansion funds became available from HRSA–BPHC, and Clinica began the long process of building capacity to meet the need. At the end of 2003, Clinica's capacity had grown to 76,000 annual visits, a 475% increase in capacity in ten years. 98% of Clinica's users were from families with incomes below 200% of poverty level.

Clinica's vision was that every low income or underserved person in the service area would have access to care. However, Clinica's capacity fell far short of meeting the need by 80%. The barrier was funding. When Pete arrived at the J&J/UCLA HCEP, Clinica Campesina was bleeding over $50,000 a month in cash due to Colorado's reductions in Medicaid due to state budget shortfalls and a major loss of private donations.

CHIP Project: Pete made it his "big, hairy, audacious goal" to develop a strategy for financial recovery that would increase the number of individuals served while maintaining the quality of care. When he analyzed the existing cost and staffing structure, he realized that Clinica had the facilities and support staff to add clinicians without adding other staff or facilities. This would increase visits and maximize the marginal revenue. Pete also calculated the impact of increasing the productivity of all clinicians. By adding relatively small marginal costs, such as provider time and variable visit costs, Clinica could reap a fair amount of profit to fill the void in the budget. However, this would be impossible without staff buy in.

Impact of Implementation: To roll out his CHIP, Pete held a two hour all staff meeting. He explained the financial problem and presented two options: cut services and staff or increase productivity. The staff agreed to increase productivity, and management devised performance raises and an all staff bonus plan based on specific performance measures tied to the new strategic plan. In less than a year, the patient visits had increased 30%. According to Pete, "that's 7,200 additional poor people who have a high quality medical home today and did not have one a year ago. What could be more relevant to a HRSA funded organization?" In addition, Clinica broke even financially, and by the first quarter of 2004, was averaging a $66,594 per month profit.

Clinica Family Health Services' Staff

Update: Clinica has since taken over a struggling neighboring 10 clinician CHC at the request of local county commissioners and the CHC Board. Clinica has also implemented a new Electronic Health Record system, adopted the use of group visits, and increased the number of clinician FTE by 140%. Consequently, Clinica is now averaging 17.5 daily visits per clinician and the cash reserves are at $3 million. In the coming year, Clinica expects to provide 150,000 patient visits to 37,000 users.