Susette Schwartz

UCLA/J&J 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 six 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.