

# COLORADO STATE UNIVERSITY

COLLEGE OF BUSINESS | CSU HEALTH NETWORK

## Practical Application of Business Education Through Administrative Fellowship

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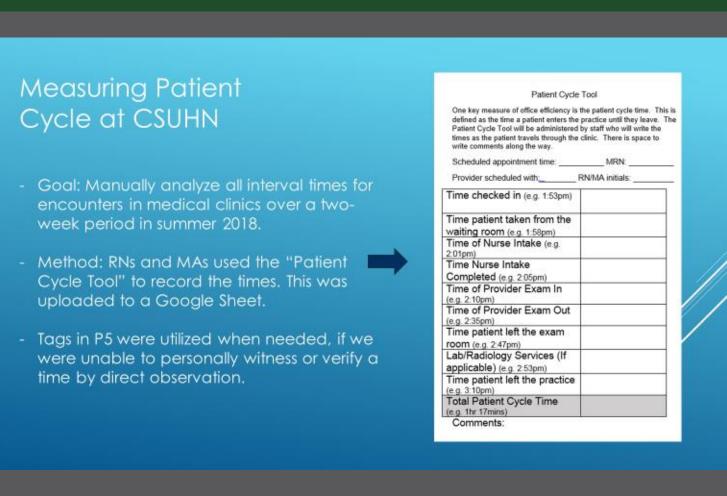
### Introduction and Background

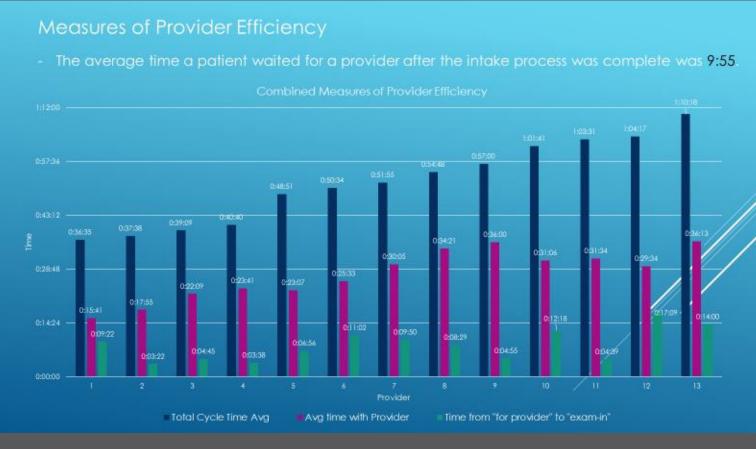
The CSU Health Network Administrative Fellowship seeks to mirror the model of the approximately 75+ other such programs in the United States. Administrative fellowships are found in many health systems and hospitals, including locally at UCHealth and Children's Hospital Colorado, and at institutions as well known as Duke, the Mayo Clinic, and Johns Hopkins. Traditionally, an administrative fellowship is completed immediately after the awarding of an MBA or MHA (Master of Healthcare Administration). At CSUHN, we specifically sought to provide a similar experience for a practicing mid-career clinician (physician, PA, or NP) who also held or was near completion of an MBA or MHA.

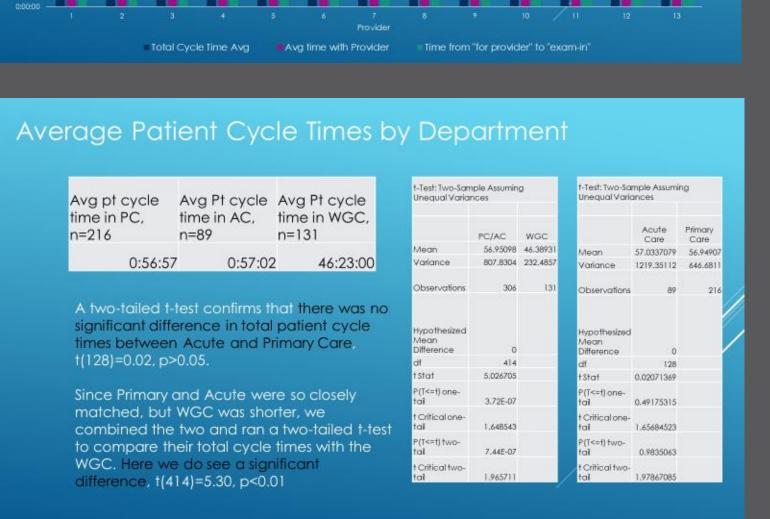
For the inaugural year of the CSUHN fellowship, the incumbent was a senior MBA student at CSU and a full-time PA in the medical clinic. The curriculum of the CSUHN fellowship placed the fellow as a de facto member of the organization's leadership team for one year, allowing access to the highest levels of decision making and strategic planning. The fellow attended the weekly leadership team meetings and had weekly one-on-one sessions with the Director of Medical Services, who served as the mentor for the fellowship. This high-level exposure gave the fellow the opportunity to become involved in the operations of every part of this large and diverse clinic, applying the knowledge, skills, and abilities learned in the MBA program. The "primary benefit the fellow receives is exposure to senior management— something that cannot be duplicated any other way, both in the depth of senior management and breadth of the organization."(1)

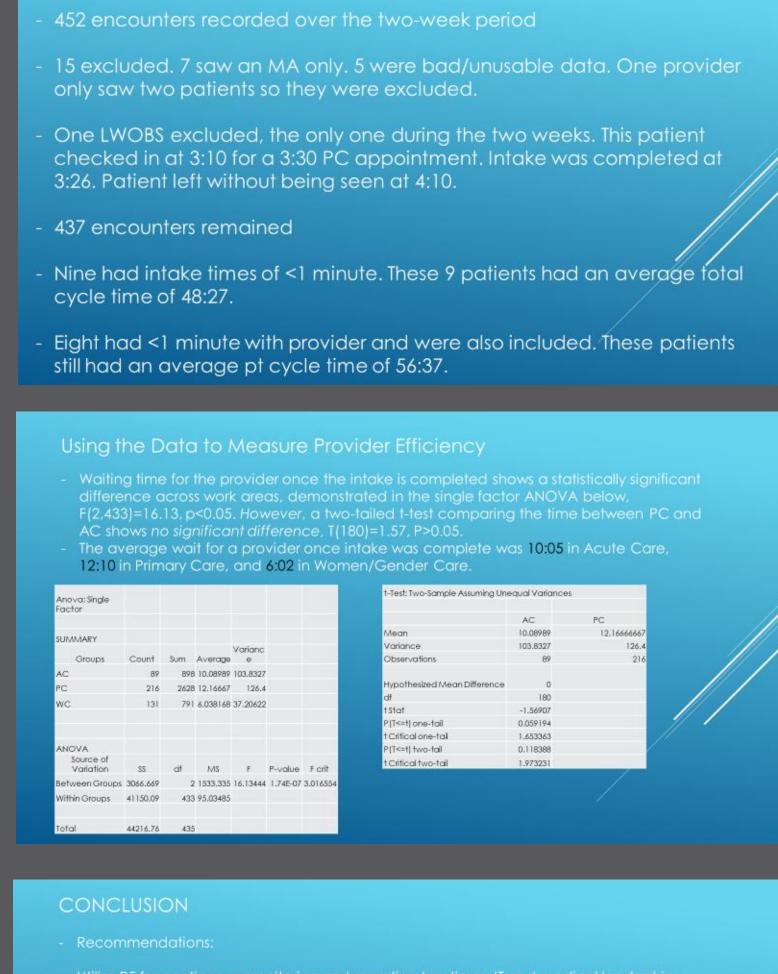
#### Business Research in Action

Raw result breakdown









Using internal benchmarking to establish a standard of practice for meeting these times

Share this data with supervisors to discuss individual performance of providers and staff

Future study might also focus on time spent with front desk staff and time spent pre-

Examine frequency of LWOBS; correlations between satisfaction and our wait times.

We do not recommend repeating this study using manual observations.

### Capstone

In July 2017, CSUHN moved into a newly constructed \$59M facility. Prior to the move, the entire health network was spread across three different locations on campus. Once in the new building, it soon became apparent that many key questions about operational efficiency were challenging for the leadership to answer, due to the growing complexity of the organization. It was thus the intent of the fellow to utilize the capstone project to identify key performance indicators (KPIs) to measure the operational efficiency of CSUHN and to design a digital dashboard to report those metrics on a regular basis. Industry best practices call for KPIs to be tied to the organization's strategic plan (2), so the fellow worked with department leaders and consulted resources from the American College Health Association, the Medical Group Management Association, and the American College of Healthcare Executives for potential metrics that would help CSUHN achieve its strategic goals.

Seventy-seven possible KPIs, ranging from simple profit margin to pounds of medical waste produced, were identified. The fellow met with the necessary stakeholders and narrowed the list to create a working draft of a dashboard. The current working version of the dashboard is designed to encompass four functional areas of CSUHN: Volume and Growth; Service and Quality; Billing, Financial, and Staffing; and HEPS (health education)/Public Health. Some of the individual KPIs in each area, such as employee turnover and patient satisfaction, could easily be deemed important to any organization in the service industry. Others, such as chlamydia rates, are inherently specific to medicine. The benchmark rate for each KPI can be found by using industry-accepted standards, or it can be done internally by comparing each KPI to the historical trends of that specific metric.

	CSUHN MONTHLY OPERATIONS		July	Aug	Sep	Oct	FY 19	YTD Δ	FY 18	Oct	FY 18	FY 17	FY 16	FY 15	FY 14	
	DASHBOARD FY 19 - current through	Goal	2018	2018	2018	2018	YTD	prior yr	YTD	2017	Total	Total	Total	Total	Total	Notes
	October 2018		2010	2010	2010	2018	TID	prior yr	110	2017	Total	Total	Total	Total	Total	
	Patient Volume and Growth by															
	iTeam intakes (iTIC appt type)		11	15	17	22	65	-21%	82	27	150	115	109	127	96	
<b>1</b> a	Counseling Total Active Appointments		1371	2036	3502	4682	11591	15%	10044	4212	33138	31738	31713	27615	25531	
	General Medical and Acute Care		767	1543	2451	2956	7717	10%	7006	2589	21739	20545	19463	21714	18579	
	wgc		273	540	693	798	2304	25%	1842	652	6558	6269	6181	6212	6232	
1b	Medical Total Active Appointments		1040	2083	3144	3754	10021	13%	8848	3241	28297	26814	25644	27926	24811	
<b>1</b> c	Psychiatry Total Active Appointments		304	389	483	604	1780	7%	1670	555	5433	6047	4613	3719	4473	
	Dental		94	135	138	132	499	-5%	524	178	1611	1448	1521	1435	1354	
	Allergy and Immunization		200	670	933	2125	3928	26%	3112	1438	6858	6047	6146	6096	n/a	
	Physical Therapy, Massage, and Ortho		444	460	745	887	2536	21%	2091	631	6612	6220	6003	7469	6676	
	Optometry		144	149	137	213	643	27%	508	158	1764	1418	1664	1565	1092	
	Nutrition		0	0	32	65	97	-39%	158	48	484	477	454	382	n/a	
1d	Specialty Medical Total Active		882	1414	1985	3422	7703	20%	6393	2453	17329	15610	15788	16947	9122	
_	Misc. (spiritual care, some groups, not lab)		40	30	12	15	97	15%	84	6	135	32	40	8	3071	
1	Total all CSUHN Active Appointments		3637	5952	9126	12477	31192	15%	27039	10467	84332	80241	77798	76215	67008	
<b>1e</b>	Pharmacy: Number of Pescriptions Filled		2271	3368	4341	5204	15184	17%	12972	4621	43407	39481	XXX	XXX	XXX	Number of Rx filled at CSUHN (CSU+public)
<b>1</b> f	Lab: Number of Tests Done In-house		805	1741	2316	2653	7515	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	in-house lab tests + POC
_	Service and Quality															
2	Overall patient satisfaction rate	85.6%	93.7%	93.6%	90.3%	90.0%	XXX	XXX	XXX	XXX	88%	XXX	XXX	XXX	XXX	Score of 4 or 5 on "Overall satisfaction"
3	Percent likely to recommend CSUHN	83.6%	90.9%	90.4%	91.6%	89.9%	XXX	XXX	XXX	XXX	88%	89%	XXX	XXX	XXX	Score of 4 or 5 on "Likely to recommend"
4	No show rate															no-show/(active+no-shows)
I	Counseling	<10%	7.4%	6.0%	8.2%	8.2%	XXX	XXX	XXX	8.1%	8.1%	7.8%	7.2%	7.8%	7.8%	
	General Medical (minus Acute Care)	<10%	6.7%	5.7%	7.4%	9.1%	XXX	XXX	XXX	5.2%	4.2%	4.9%	4.8%	4.2%	3.9%	
I	WGC	<10%	8.4%	5.1%	6.7%	8.2%	XXX	XXX	XXX	8.3%	6.5%	4.9%	5.4%	4.3%	4.2%	
	Psychiatry	<15%	14.8%	12.0%	14.5%	13.7%	XXX	XXX	XXX	15.4%	13.2%	12.9%	14.1%	12.2%	12.0%	
I	Total, all clinical areas	<10%	6.9%	4.9%	6.4%	6.2%	XXX	XXX	XXX	6.8%	6.6%	6.5%	6.1%	6.0%	6.3%	
5	Time until the "third next available"															Days until 3rd next appt, as "snapshot" on given day
	Counseling - Intake		XXX	XXX	XXX	35.5	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	two measurements from two counseling providers
	Gen Med - New psychiatry appt		XXX	XXX	20	19	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		five measurements from four primary providers
_ ا	Psychiatry - New patient		XXX	XXX	27.4	22.6	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		five measurements from three psychiatry providers
6	Number of occurrence reports		8	17	13	4	42	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	Number of reports filed for the period
I	Billing, Financial, and Staffing															
7	Employee turnover		4.9%	3.3%	0.9%	0.9%	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	sep/avg employees (SC, AP, non-stud hrly, oth
8	Redacted															(materials expense, salary expense,
9	Redacted															other operations, billing, and financial measures)
10	Redacted															
	HEPS and Public Health															
	Total Website Views						272987	XXX	XXX	XXX	606917			XXX	XXX	
	You @ CSU Logins		4906		3072	3165	19077	236%	5676	711	31815	17200	XXX	XXX	XXX	
13	Rate of positive chlamydia tests	<6.5%	5.6%	7.6%	10.8%	9.3%	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

#### References

- 1 Buell, JM. Healthcare Executive. 2010 Nov-Dec;25(6):20-2, 24-6, 28. "The value of postgraduate fellowships: developing individuals, organizations and the profession."
- 2 McLaughlin, D. B., & Olson, J. R. (2017). Healthcare operations management. Chicago, IL : Health Administration Press.
- 3 Fried, D., & Fottler, M.D. (2015). Human resources in healthcare: Managing for success. Chicago, IL : Health Administration Press.

### Selected Projects

- Worked with an independent risk management firm to arrange special training for providers and staff to develop best practices for promoting patient safety with sensitive exams.
- Partnered with SLiCE to develop an alternative spring break experience for CSU pre-health students that will launch in March 2019. This service experience will expose students to medical volunteering. In keeping with the land-grant mission of CSU, this trip will focus on a rural community in southwestern Colorado.
- Developed and executed a study (highlighted in bottom left) examining efficiencies and waiting times in the medical clinic to create internal benchmarks and leaner workflows.
- Helped coordinate a half-day safety retreat for the staff which included a one-hour presentation by the fellow on creating a culture of safety and quality at CSUHN.
- As chair of the CSUHN Employee Wellness and Engagement Committee, the fellow is developing and enacting programs to increase employee health and cooperation across teams.
- Active member of the quality improvement, safety, and accreditation committees.
- Developed a presentation on medical ethics that was delivered at a statewide medical conference.
- Wrote and revised key clinical and administrative policies and procedures to reflect current evidence-based practices.
- Coordinated "Stop the Bleed" training for the entire staff.
- Lectured to pre-health students in the Key Communities and student clubs about future opportunities in medicine.
- Represented CSU's medical services at the American College Health Association national conference in Washington, DC. At this conference, the fellow was elected president of the Rocky Mountain College Health Association for 2018-2019.
- Completed CSU's Supervisor Development Program, Ready Colorado State, Safe Zone, and other CSU-specific training.

#### Discussion

The CSUHN Administrative Fellowship has successfully created a pathway to higher management for practicing clinicians and medical leaders. In doing so, it helps prevent the negative effects of the "Peter Principle." The Peter Principle suggests that in any organization, employees are promoted based on their performance in their current role, without preparation to assume the next higher role in the organization. This is often seen in healthcare, "where individuals with strong clinical skills may be promoted into supervisory and management roles without the requisite skills and training for those responsibilities." (3)

The structured nature of the fellowship allowed for practical application of skills learned as a graduate student in the CSU MBA program. The overall outcome of the fellowship has been a positive contribution to the operations of CSUHN. The fellowship will continue to provide similar experiences in subsequent years and become a pathway for the preparation of clinical and administrative leaders in healthcare. Future work will focus on ongoing development of experiences for subsequent fellows and recruiting qualified candidates.