Iowa RHC Performance Improvement

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Our Agenda

Iowa State RHC Benchmarking Project and Statewide Network

01

Context

The relevance of rural primary care and RHCs

02

Taking Stock

Iowa Rural Health Clinics at-a-glance

03

POND®

Benchmarking system for rural primary care practices

04

20 Questions

Understanding RHC performance priorities

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Next Steps

Building the POND database in Iowa

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Context

The relevance of rural primary care and RHCs

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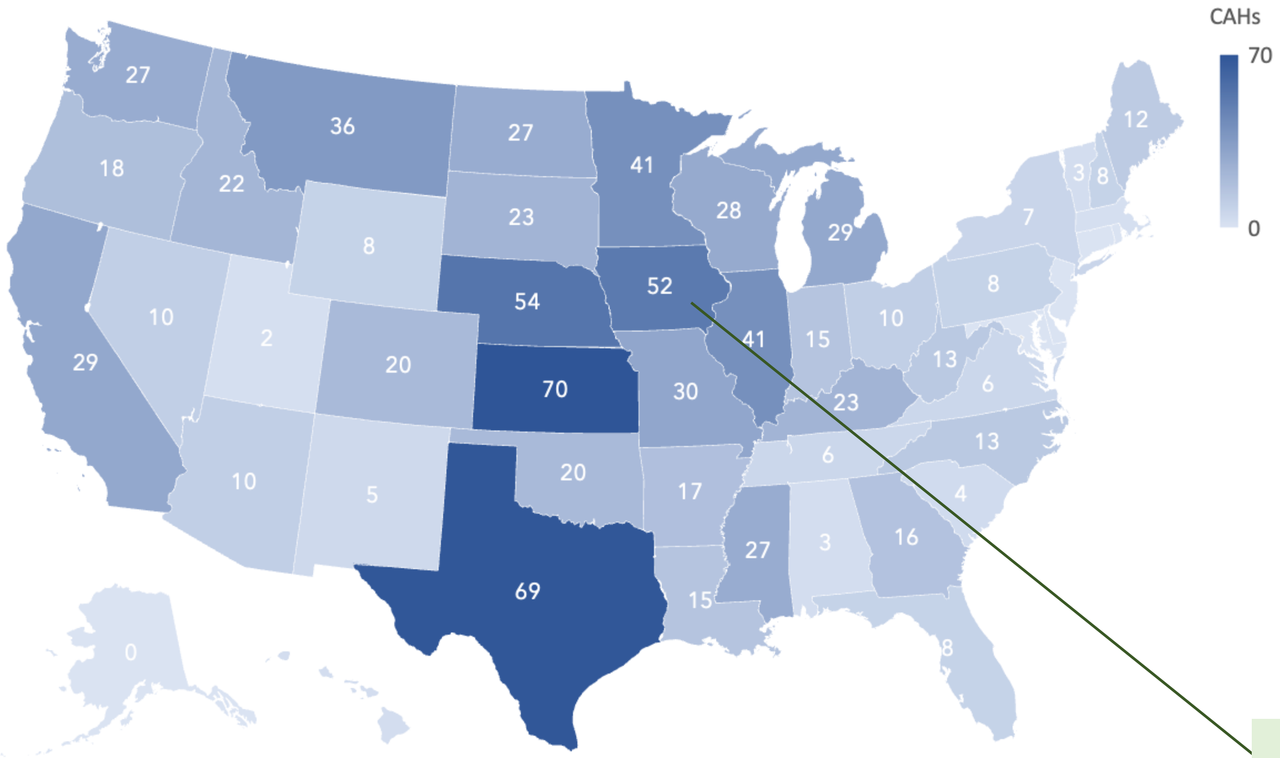
CAHs with Provider-based RHCs by State

Map A: State Comparison of CAHs that Own Provider-based Rural Health Clinics (2019)



890

In 2019, there were approximately **1,350** Critical Access Hospitals in the US. Among those organizations, **890** owned and operated at least one Provider-based Rural Health Clinic. Collectively, these CAHs owned **1,649** PB-RHCs. The distribution of PB-RHCs largely reflected the distribution of CAHs across rural America, with a large percentage of PB-RHCs located in the Midwest.

Iowa has 52 CAHs with Provider-based RHCs Representing 183 of 203 RHCs (90%)

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Data Source: December 2020 Medicare Cost Report release for hospital and RHC fiscal year 2019; and December 2020 CMS Provider of Services (POS) data file. Refer to the Data Management slide of this document for more details.

RHCs with Cost Per Visit Rates >$250

Table D: Summary All RHC Cost Per Visit Rates with $250 Threshold (FY 2019)

PAYMENT	>$250	<$250	TOTAL
Capped Rate	115	1,235	1,350
Uncapped Rate	1,085	1,819	2,904
Total	**1,200**	**3,054**	**4,254**

In FY 2019, nearly three-quarters of all RHCs had a per-visit cost less than $250.00 ***(3,054** of **4,254** RHCs or **72**%)*

*Note that **4,254** RHCs had complete, accurate and traceable cost report submissions*

1,200

Prior to the Act, PB-RHCs were eligible for an **uncapped** payment rate while RHCs that are owned and operated by hospitals with 50 beds or greater, as well as Independent RHCs, were subject to a **capped** per visit payment rate.

The relevant threshold of analysis for RHC Cost per Visit rates is **$250.00** given the current distribution of rates across the 4,254 RHCs and the projected per-visit reimbursement levels established in the RHC Modernization section of the Act.

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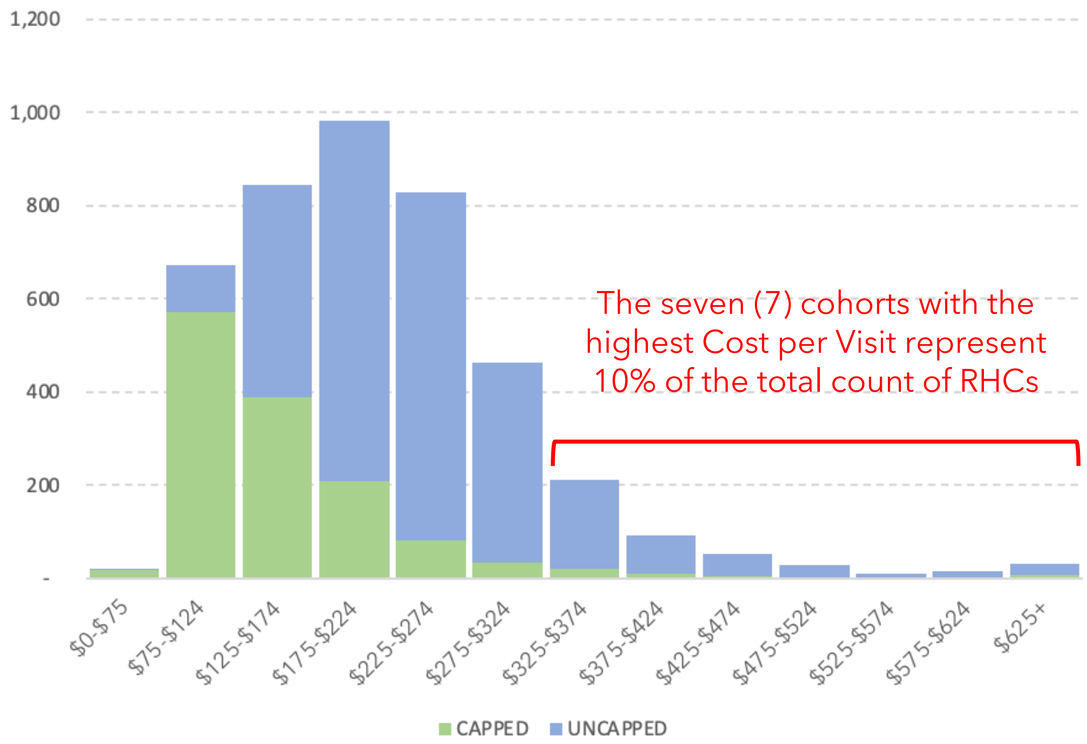
Data Source: December 2020 Medicare Cost Report release for hospital and RHC fiscal year 2019; and December 2020 CMS Provider of Services (POS) data file. Refer to the Data Management slide of this document for more details.

RHC Cost Per Visit Rate Bands

Chart A: Distribution of Cost Per Visit Rate Bands for All RHCs (FY 2019)



90%

Chart A displays cohorts based on cost per visit rates calculated as Total Costs divided by Total Visits. We constructed 13 bands based on the cost per visit rates for all RHCs for FY 2019. This analysis includes all RHCs (Independent and Hospital-owned) and excludes those clinics whose Medicare cost reports contained material errors, omissions or irregularities (n=293). For each band we calculated its percentage of total RHCs.

In FY 2019 for the 4,254 RHCs that had complete, reliable and traceable Medicare cost report submissions, **90%** of RHCs report a Cost per Visit rate lower than $325

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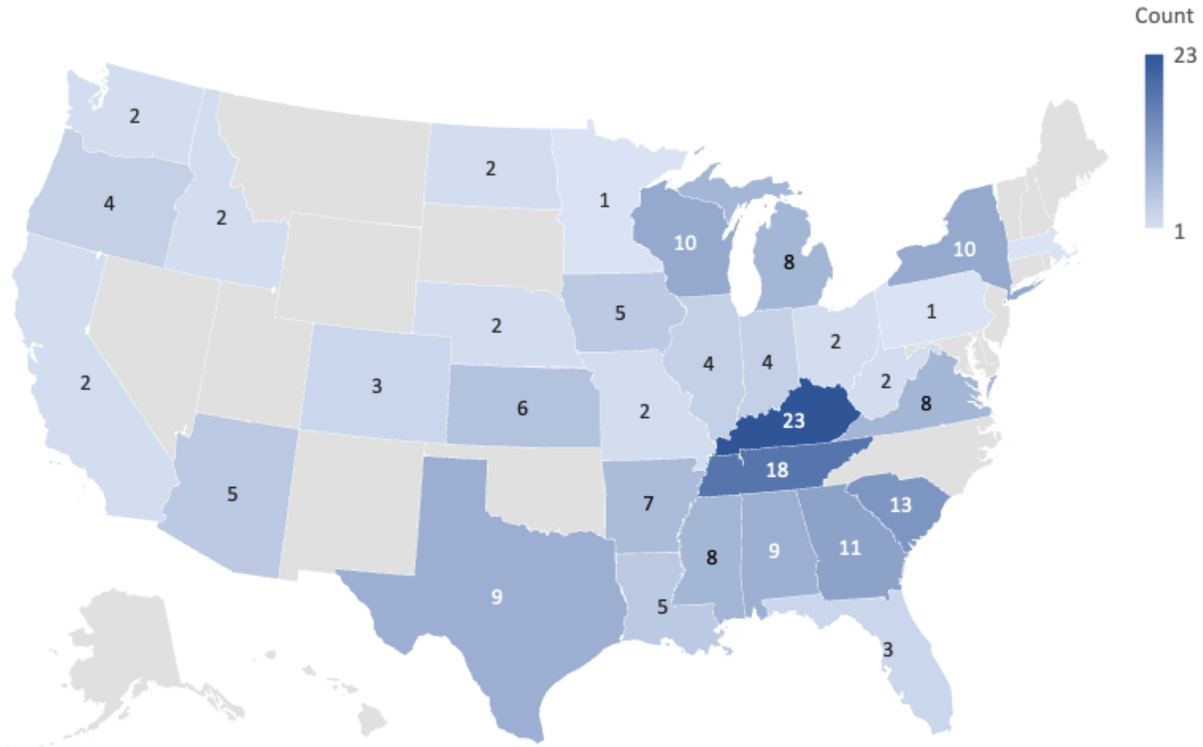
Data Source: December 2020 Medicare Cost Report release for hospital and RHC fiscal year 2019; and December 2020 CMS Provider of Services (POS) data file. Refer to the Data Management slide of this document for more details.

CYTD 2021 New Rural Health Clinics

Map A: State Comparison of Newly Certified Rural Health Clinics (CY 2021)



192

110 of the 192 RHCs are Provider-based while **21** RHCs are operated by hospitals with greater than 50 beds. **61** RHCs are Independent.

STATE	<50 CAH	<50 STAC	>50 STAC	IND
Kentucky	6	2	0	15
Tennessee	0	0	5	13
South Carolina	0	12	0	1
Georgia	0	6	3	2
New York	4	6	0	0

Data Source: September 2021 CMS Provider of Services (POS) data file.

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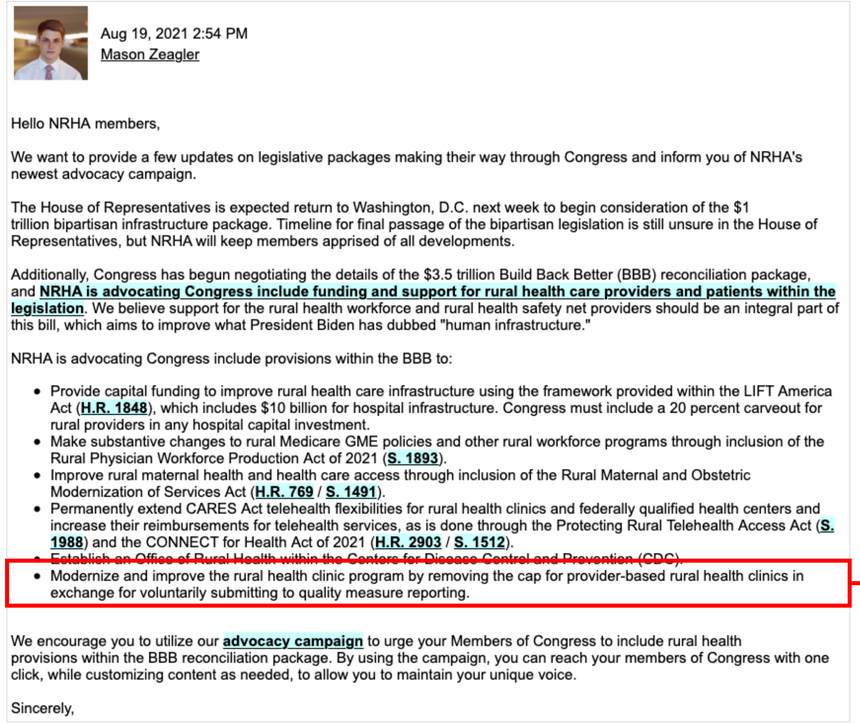
NRHA Grassroots Update



Aug 19, 2021 2:54 PM
Mason Zeagler

Hello NRHA members,

We want to provide a few updates on legislative packages making their way through Congress and inform you of NRHA's newest advocacy campaign.

The House of Representatives is expected return to Washington, D.C. next week to begin consideration of the $1 trillion bipartisan infrastructure package. Timeline for final passage of the bipartisan legislation is still unsure in the House of Representatives, but NRHA will keep members apprised of all developments.

Additionally, Congress has begun negotiating the details of the $3.5 trillion Build Back Better (BBB) reconciliation package, and **NRHA is advocating Congress include funding and support for rural health care providers and patients within the legislation**. We believe support for the rural health workforce and rural health safety net providers should be an integral part of this bill, which aims to improve what President Biden has dubbed "human infrastructure."

NRHA is advocating Congress include provisions within the BBB to:

- Provide capital funding to improve rural health care infrastructure using the framework provided within the LIFT America Act (**H.R. 1848**), which includes $10 billion for hospital infrastructure. Congress must include a 20 percent carveout for rural providers in any hospital capital investment.
- Make substantive changes to rural Medicare GME policies and other rural workforce programs through inclusion of the Rural Physician Workforce Production Act of 2021 (**S. 1893**).
- Improve rural maternal health and health care access through inclusion of the Rural Maternal and Obstetric Modernization of Services Act (**H.R. 769** / **S. 1491**).
- Permanently extend CARES Act telehealth flexibilities for rural health clinics and federally qualified health centers and increase their reimbursements for telehealth services, as is done through the Protecting Rural Telehealth Access Act (**S. 1988**) and the CONNECT for Health Act of 2021 (**H.R. 2903** / **S. 1512**).
- Establish an Office of Rural Health within the Centers for Disease Control and Prevention (CDC).
- Modernize and improve the rural health clinic program by removing the cap for provider-based rural health clinics in exchange for voluntarily submitting to quality measure reporting.

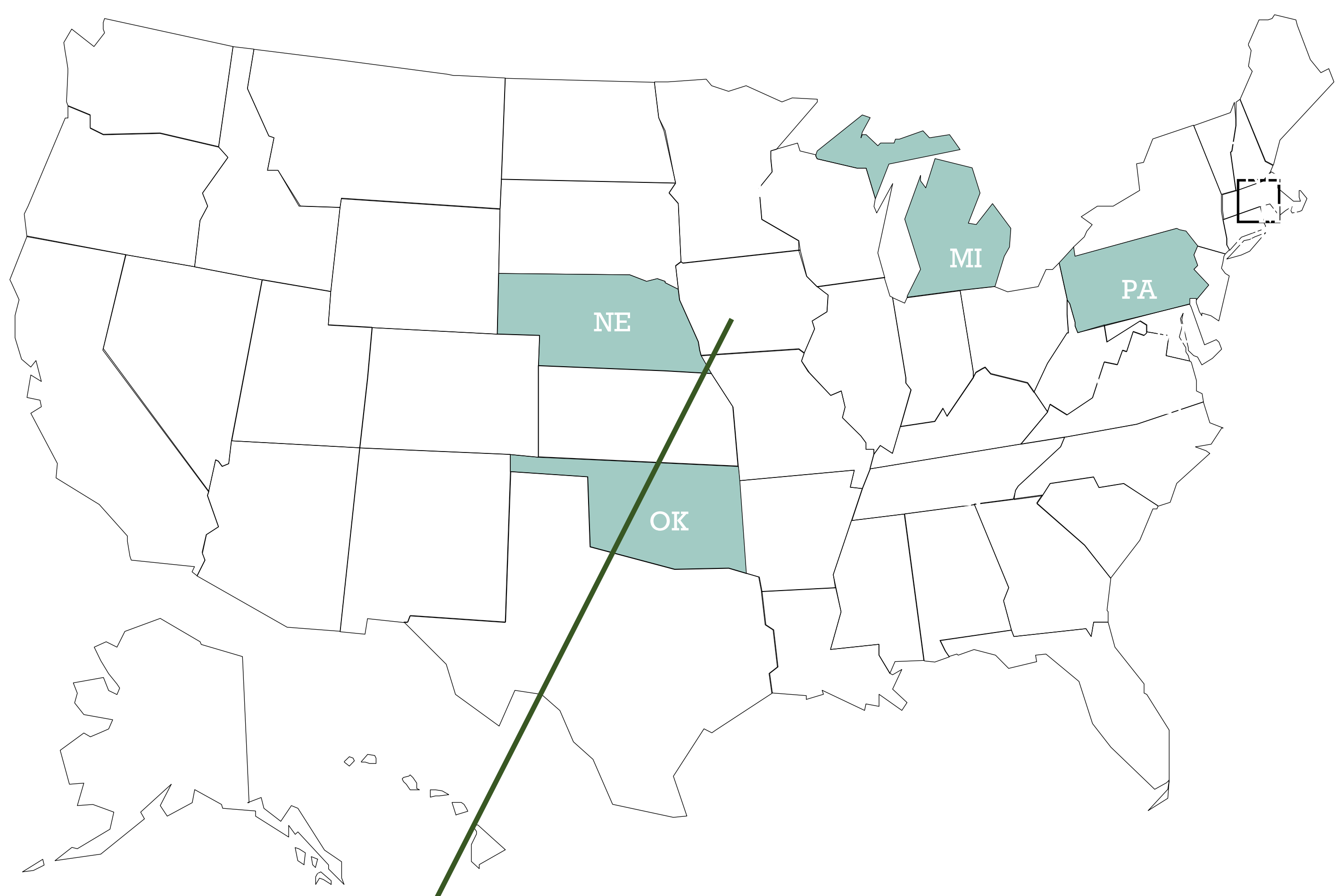
We encourage you to utilize our **advocacy campaign** to urge your Members of Congress to include rural health provisions within the BBB reconciliation package. By using the campaign, you can reach your members of Congress with one click, while customizing content as needed, to allow you to maintain your unique voice.

Sincerely,

Thursday, August 19, 2021

"Modernize and improve the rural health clinic program by removing the cap for provider-based rural health clinics **in exchange for voluntarily submitting to quality measure reporting**."

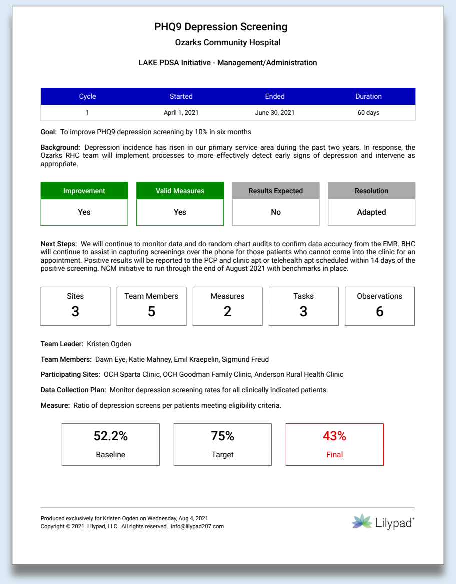
4-State Flex QI Project and FORHP Innovation Lab



Iowa has two PB-RHCs participating in the RHC QI Project

Process measures for the project include the number of RHCs that submit data, the number of **PDSA projects** completed, and the number of participants in cohort educational and/or networking sessions.

Outcome measures for the project include the number of RHCs demonstrating improvement in the focus area and the cohort-wide quantitative improvement in the focus are metric (through the process of applying pre- and post-initiative probes).



PHQ9 Depression Screening

Ozarks Community Hospital

LAKE PDSA Initiative - Management/Administration

Cycle	Started	Ended	Duration
1	April 1, 2021	June 30, 2021	60 days

Goal: To improve PHQ9 depression screening by 10% in six months

Background: Depression incidence has risen in our primary service area during the past two years. In response, the Ozarks RHC team will implement processes to more effectively detect early signs of depression and intervene as appropriate.

Improvement	Valid Measures	Results Expected	Resolution
Yes	Yes	No	Adapted

Next Steps: We will continue to monitor data and do random chart audits to confirm data accuracy from the EMR. BHC will continue to assist in capturing screenings over the phone for those patients who cannot come into the clinic for an appointment. Positive results will be reported to the PCP and clinic apt or telehealth apt scheduled within 14 days of the positive screening. NCM initiative to run through the end of August 2021 with benchmarks in place.

Sites	Team Members	Measures	Tasks	Observations
3	5	2	3	6

Team Leader: Kristen Ogden

Team Members: Dawn Eye, Katie Mahney, Emil Kraepelin, Sigmund Freud

Participating Sites: OCH Sparta Clinic, OCH Goodman Family Clinic, Anderson Rural Health Clinic

Data Collection Plan: Monitor depression screening rates for all clinically indicated patients.

Measure: Ratio of depression screens per patients meeting eligibility criteria.

Baseline	Target	Final
52.2%	75%	43%

Produced exclusively for Kristen Ogden on Wednesday, Aug 4, 2021

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LAKE

A secure web application that enables RHCs to create, manage and document performance improvement initiatives using the PDSA methodology

Taking Stock

Iowa RHCs at-a-glance

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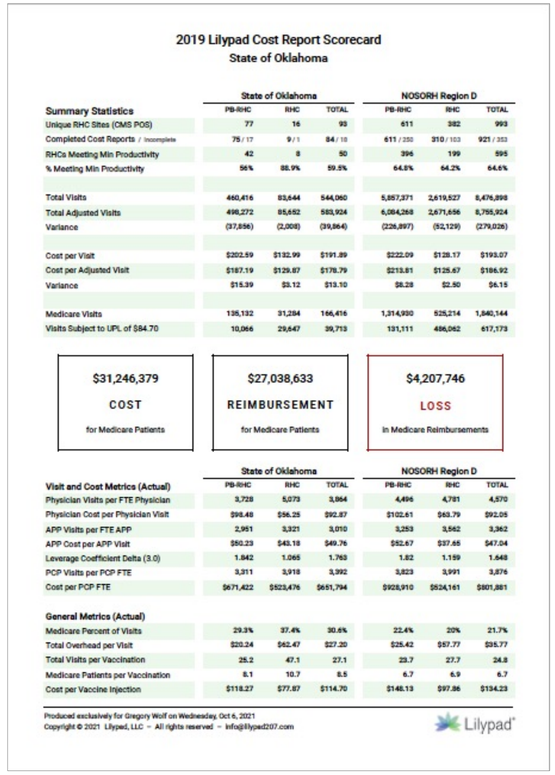
Iowa State RHC Scorecard



2019 Lilypad Cost Report Scorecard
State of Oklahoma

Summary Statistics	State of Oklahoma PB-RHC	State of Oklahoma RHC	State of Oklahoma TOTAL	NOSORH Region D PB-RHC	NOSORH Region D RHC	NOSORH Region D TOTAL
Unique RHC Sites (CMS POS)	77	16	93	611	382	993
Completed Cost Reports / Incomplete	75 / 17	9 / 1	84 / 18	611 / 250	310 / 103	921 / 353
RHCs Meeting Min Productivity	42	8	50	396	199	595
% Meeting Min Productivity	56%	88.9%	59.5%	64.8%	64.2%	64.6%
Total Visits	460,416	83,644	544,060	5,857,371	2,619,527	8,476,898
Total Adjusted Visits	498,272	85,692	583,924	6,084,268	2,671,656	8,755,924
Variance	(37,856)	(2,008)	(39,864)	(226,897)	(52,129)	(279,026)
Cost per Visit	$202.59	$132.99	$191.89	$222.09	$128.17	$193.07
Cost per Adjusted Visit	$187.19	$129.67	$178.79	$213.81	$125.67	$186.92
Variance	$15.39	$3.12	$13.10	$8.28	$2.50	$6.15
Medicare Visits	135,132	31,284	166,416	1,314,930	525,214	1,840,144
Visits Subject to UPL of $84.70	10,066	29,647	39,713	131,111	486,062	617,173

$31,246,379	$27,038,633	$4,207,746
COST	REIMBURSEMENT	LOSS
for Medicare Patients	for Medicare Patients	in Medicare Reimbursements

Visit and Cost Metrics (Actual)	State of Oklahoma PB-RHC	State of Oklahoma RHC	State of Oklahoma TOTAL	NOSORH Region D PB-RHC	NOSORH Region D RHC	NOSORH Region D TOTAL
Physician Visits per FTE Physician	3,728	5,073	3,964	4,496	4,781	4,570
Physician Cost per Physician Visit	$98.48	$56.25	$92.87	$102.61	$63.79	$92.05
APP Visits per FTE APP	2,951	3,321	3,010	3,253	3,562	3,362
APP Cost per APP Visit	$50.23	$43.18	$49.76	$52.67	$37.65	$47.04
Leverage Coefficient Delta (3.0)	1.842	1.065	1.763	1.82	1.159	1.648
PCP Visits per PCP FTE	3,311	3,918	3,392	3,823	3,991	3,876
Cost per PCP FTE	$671,422	$523,476	$651,794	$928,910	$524,161	$801,881
General Metrics (Actual)						
Medicare Percent of Visits	29.3%	37.4%	30.6%	22.4%	20%	21.7%
Total Overhead per Visit	$20.24	$62.47	$27.20	$25.42	$57.77	$35.77
Total Visits per Vaccination	25.2	47.1	27.1	23.7	27.7	24.8
Medicare Patients per Vaccination	8.1	10.7	8.5	6.7	6.9	6.7
Cost per Vaccine Injection	$118.27	$77.87	$114.70	$148.13	$97.86	$134.23

Produced exclusively for Gregory Wolf on Wednesday, Oct 6, 2021

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	Total IA RHCs		Regional Benchmarks
	203		
	Provider-based	*Independent*	
Count of RHCs	183 (90%)	20	528
Meeting Productivity	70%		73%
Cost per Visit	$264	$199	
Capped Rate Visits	286	*Contributes to **$6.2 million** loss in potential Medicare reimbursements*	
Physician Visits/FTE	3,770		3,401
APP Visits/FTE	2,808		2,524
Cost per PCP FTE	$894k		$841k

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POND®

Benchmarking system for rural primary care practices

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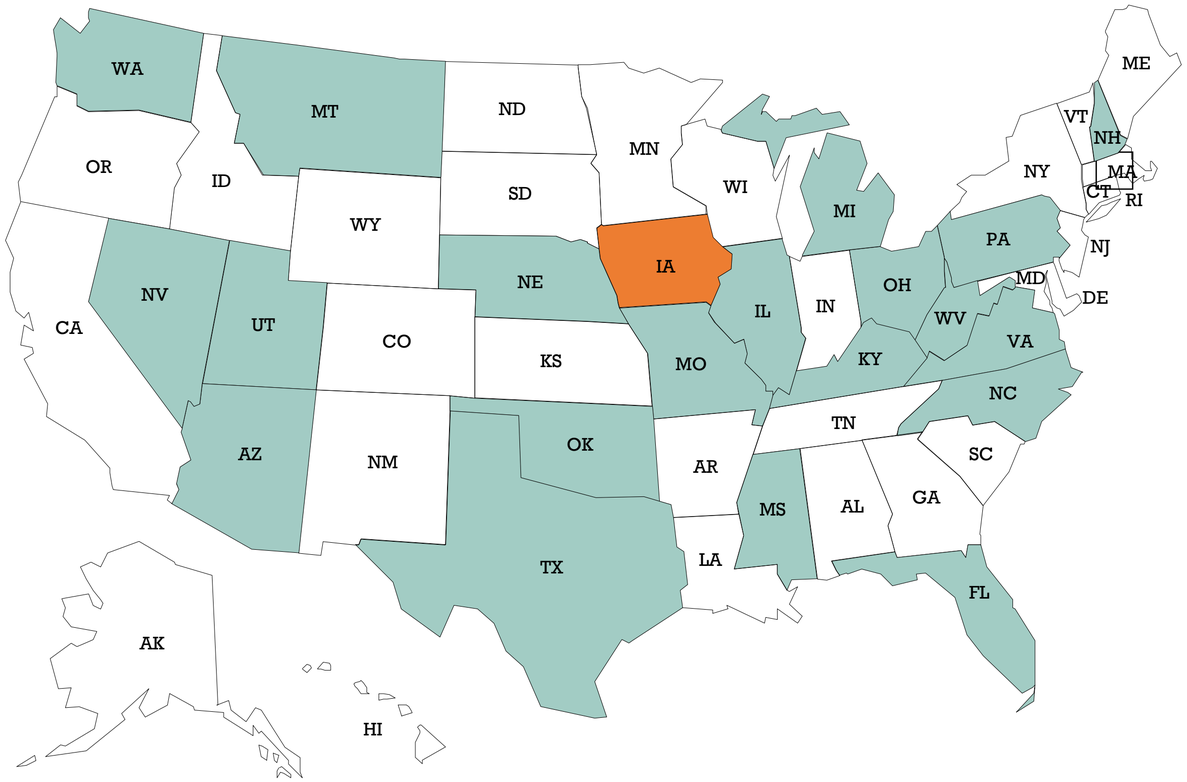
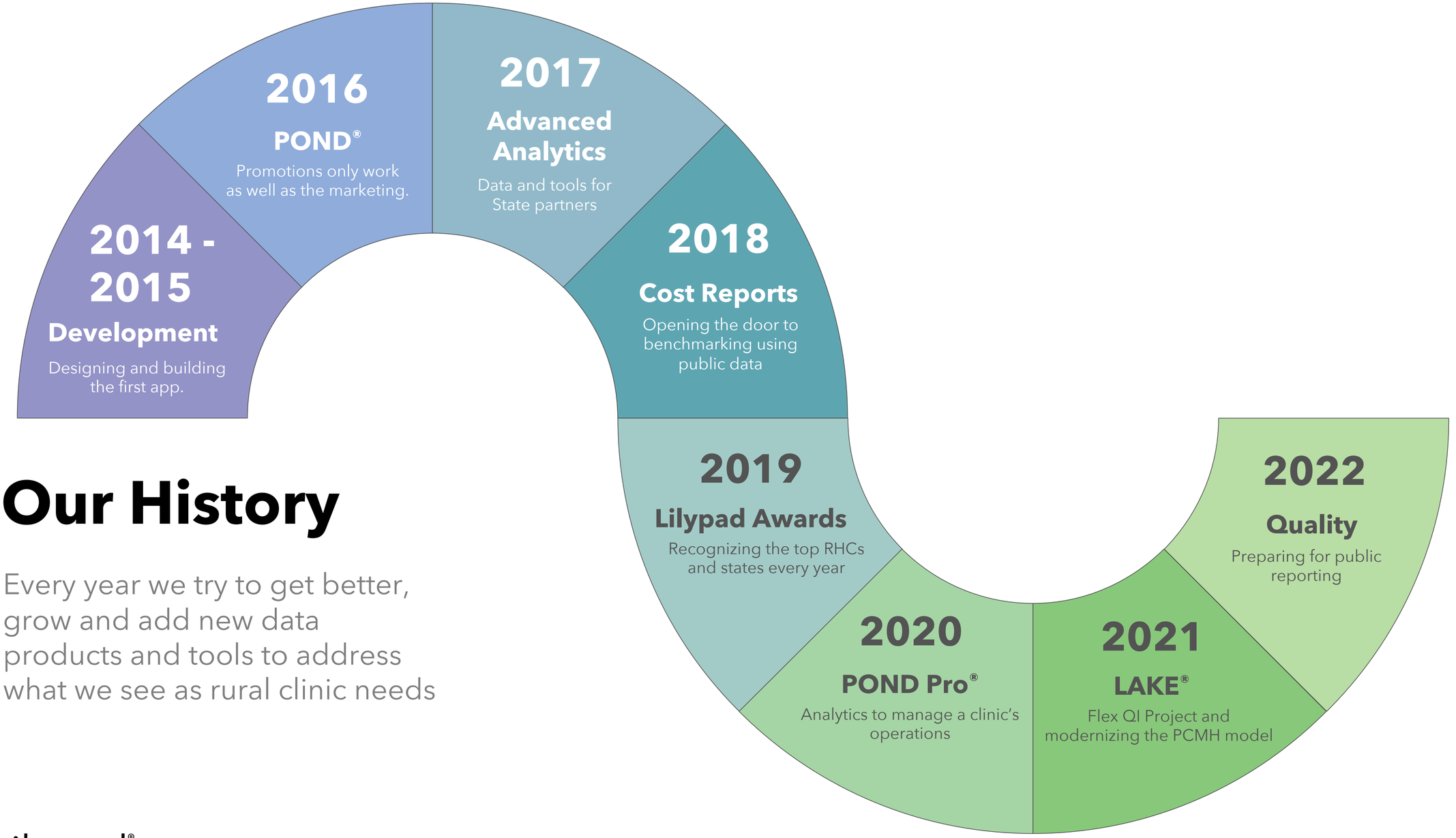
Our Current States



If you are located in one of these states you have access to the POND program right now



Our History

Every year we try to get better, grow and add new data products and tools to address what we see as rural clinic needs

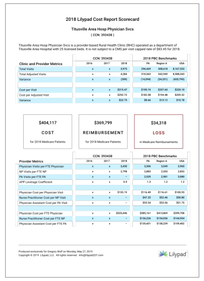
How Does It Work?

Cost Report Scorecards

State Scorecards

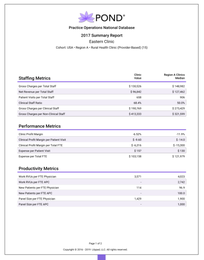

2018 Lilypad Cost Report Scorecard
State of Oklahoma

Clinic Scorecards

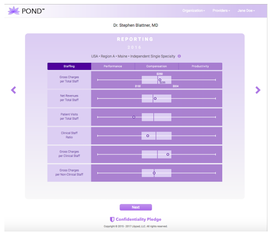

2018 Lilypad Cost Report Scorecard
Titusville Area Hosp Physician Svcs
(CIN: 370438)

POND Analytics

Clinic Scorecard


POND
Practice Operations National Database
2017 Summary Report
Eastern Clinic

Interactive Tools



To gain access to these reports and tools the required data must be entered into the POND web application

20 Questions

Understanding RHC performance priorities

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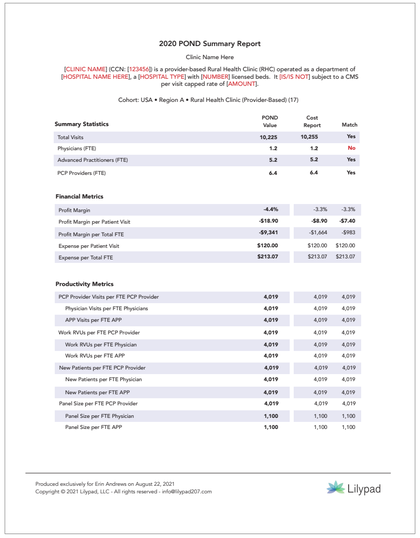
RHC 20 Questions for Business Literacy



2020 POND Summary Report

Clinic Name Here

[CLINIC NAME] (CCN: [123456]) is a provider-based Rural Health Clinic (RHC) operated as a department of [HOSPITAL NAME HERE], a [HOSPITAL TYPE] with [NUMBER] licensed beds. It [IS/IS NOT] subject to a CMS per visit capped rate of [AMOUNT].

Cohort: USA • Region A • Rural Health Clinic (Provider-Based) (17)

Summary Statistics	POND Value	Cost Report	Match
Total Visits	10,225	10,255	Yes
Physicians (FTE)	1.2	1.2	No
Advanced Practitioners (FTE)	5.2	5.2	Yes
PCP Providers (FTE)	6.4	6.4	Yes
Financial Metrics			
Profit Margin	-4.4%	-3.3%	-3.3%
Profit Margin per Patient Visit	-$18.90	-$8.90	-$7.40
Profit Margin per Total FTE	-$9,341	-$1,664	-$983
Expense per Patient Visit	$120.00	$120.00	$120.00
Expense per Total FTE	$213.07	$213.07	$213.07
Productivity Metrics			
PCP Provider Visits per FTE PCP Provider	4,019	4,019	4,019
Physician Visits per FTE Physicians	4,019	4,019	4,019
APP Visits per FTE APP	4,019	4,019	4,019
Work RVUs per FTE PCP Provider	4,019	4,019	4,019
Work RVUs per FTE Physician	4,019	4,019	4,019
Work RVUs per FTE APP	4,019	4,019	4,019
New Patients per FTE PCP Provider	4,019	4,019	4,019
New Patients per FTE Physician	4,019	4,019	4,019
New Patients per FTE APP	4,019	4,019	4,019
Panel Size per FTE PCP Provider	4,019	4,019	4,019
Panel Size per FTE Physician	1,100	1,100	1,100
Panel Size per FTE APP	1,100	1,100	1,100

Produced exclusively for Erin Andrews on August 22, 2021

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POND® Summary Report

1. **Why do visit volumes matter so much?**
2. What is the right mix of physicians and APPs?
3. Are our providers "busy"?
4. What is the difference between gross charges and net revenue?
5. How come our clinic does not make money?
6. What quality measures should we track?
7. Are our providers appropriately compensated?
8. Do we have the right number of support staff?
9. How can we control our cost per visit?
10. Why is important to track "new patients"?
11. **What is most important? Managing visits, revenue or expenses?**
12. What is the right mix of clinical and non-clinical staff?
13. What level of performance should we expect for quality measures?
14. How do we increase our profit margin per patient visit?
15. Should performance standards be different for PA and NPs?
16. How does patient panel factor into overall performance?
17. What is the best model to compensate physicians?
18. How does visit volume relate to Work RVUs?
19. Why are our productivity scores low?
20. Do we need to hire more providers?

Webinar A

Webinar B

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Q4. Gross Charges and Net Revenue


LEXUS
EXPERIENCE AMAZING
DESCRIPTION 2020 / 9005C ES350 F SPORT
COLOR ATOMIC SILVER
VIN 58AGZ1B19LU065446
FINAL ASSEMBLY POINT GEORGETOWN, KENTUCKY, U.S.A.
Dealer Name / Address: TOYOTA MTR SALES - LEXUS ATTN: JACKIE HENRY ES-18 6565 HEADQUARTERS DR PLANO TX75024
Delivered by Truck to: MEADE LEXUS OF SOUTHFIELD 28300 NORTHWESTERN HWY. SOUTHFIELD MI48034
STANDARD EQUIPMENT & INSTALLED OPTIONS
STANDARD FEATURES
3.5 Liter V6 With 302 HP
8-Speed Automatic Transmission
Front Wheel Drive
Drive Mode Select (Eco, Normal, Sport)
Steering Wheel Mounted Paddle Shifters
Lexus Safety System+ 2.0, Pre-Collision System with Pedestrian Detection, All Speed-Dynamic Radar Cruise Control, Lane Tracing Assist, Lane Departure Alert w/ Steering Assist, Intelligent High Beam Headlamps & Road Sign Assist
10 Airbags / Brake Assist w/Smart Stop Technology
SmartAccess with Push-Button Start/Stop
Backup Camera w/Dynamic Gridlines
Bi-LED Headlamps / Daytime Running Lights
Lexus Enform Safety Connect (3-Year Trial Incld)
Lexus Enform Service Connect (Included for the First 10 Years of Ownership)
Lexus Multimedia System with 8.0 in Color Display, 10-Speaker Lexus Premium Sound System, and Voice Command
Apple CarPlay and Android Auto Compatability
Lexus Enform Wi-Fi, 4GB (3-Month Trial Included)
Lexus Enform Remote (3-Year Trial Included) Compatible w/ Smartphone, Smart Watch, Devices Enabled with Google Assistant, or Amazon Alexa
SiriusXM Satellite Radio (3-Month Trial Included)
Electrochromic Heated Outside Mirrors
Dual-Zone Automatic Climate Control
One-Touch Open/Close Pwr Tilt-and-Slide Moonroof
F SPORT Features:
10-Way F SPORT Bolstered Front Heated and Ventilated Power Seats
Power Folding Ouside Mirrors
Lexus Memory System For Driver's Seat, Outside Mirrors And Steering Wheel, Pwr Tilt & Telescopic Steering Wheel And Rain Sensing Wipers
F SPORT Suspension Tuning
Performance Dampers (Front and Rear)
19-In Split 5-Spoke Alloy Wheels
Hasbri Aluminum Trim, Aluminum Pedals & F SPORT Moveable Meter, F SPORT Exterior Styling, Rear Spoiler, Unique Fr Bumper, Grill & Rear Valance
Carpet Floor Mats
MANUFACTURER'S SUGGESTED RETAIL PRICE $ 44,635.00
** Adaptive Variable Suspension with Sport S, Sport S +, and Custom Drive Modes 750.00
** Blind Spot Monitor w/Rear Cross Traffic Alert and Intuitive Parking Assist w/Auto Braking 1,065.00
** Wireless Charger 75.00
** 10.2-In Head-Up Display (HUD) 500.00
** Triple Beam LED Headlights 1,515.00
** Power Rear Sunshade 210.00
** Navigation/Mark Levinson Audio Package: Navigation System with 12.3-In Color Multimedia Display, Lexus Enform Dynamic Navigation (3-Year Trial Included), Dynamic Voice Command (Included for the First 10-Years of Ownership), Lexus Enform Destination Assist (3-Year Trial Included), and Mark Levinson PurePlay 17-speaker, 1800 Watt Premium Surround Sound Audio System 2,900.00
** Hands-Free Power Open/Close Trunk 550.00
** F SPORT Heated Leather Steering Wheel with Windshield Wiper Deicer and Fast Response Interior Heater 180.00
** Door Edge Guard 145.00
** Illuminated Door Sill 400.00
** Courtesy Delivery Sticker N/C
SUB-TOTAL $ 52,925.00
DELIVERY, PROCESSING AND HANDLING FEE 1,025.00
TOTAL $ 53,950.00
APPLICABLE FEDERAL TAXES NOT INCLUDED
EPA DOT Fuel Economy and Environment
Gasoline Vehicle
Fuel Economy
25 MPG
22 city 31 highway
combined city/hwy
4.0 gallons per 100 miles
You spend $ 500 more in fuel costs over 5 years compared to the average new vehicle.
Annual fuel cost $1,600
Fuel Economy & Greenhouse Gas Rating 5
Smog Rating 5
1 Worst 10 Best
GOVERNMENT 5-STAR SAFETY RATINGS
Overall Vehicle Score ★★★★★
Based on the combined ratings of frontal, side and rollover. Should ONLY be compared to other vehicles of similar size and weight.
Frontal Crash Driver ★★★★★ Passenger ★★★★★
Based on the risk of injury in a frontal impact. Should ONLY be compared to other vehicles of similar size and weight.
Side Crash Front seat ★★★★★ Rear seat ★★★★★
Based on the risk of injury in a side impact.
Rollover ★★★★
Based on the risk of rollover in a single-vehicle crash.
Star ratings range from 1 to 5 stars (★★★★★) with 5 being the highest.
Source: National Highway Traffic Safety Administration (NHTSA)
www.safercar.gov or 1-888-327-4236
fueleconomy.gov
Calculate personalized estimates and compare vehicles
Smartphone Link
200110 702

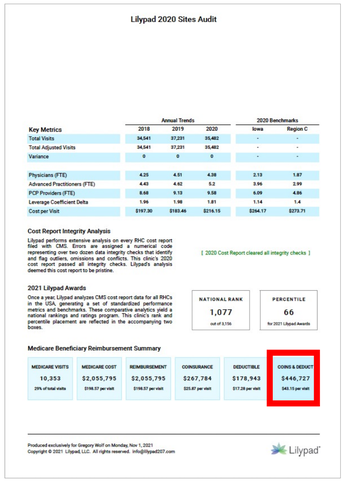
Gross Charges are the retail prices assigned to all medical services and procedures via the hospital or clinic Chargemaster

Net Revenue is the amount of actual income (dollars) generated by the hospital or clinic

Why does this matter for an RHC?

60-Second Case Study

The interaction of different metrics can reveal underlying opportunities for improvement



Lilypad 2020 Sites Audit

Annual Trends

Key Metrics	2018	2019	2020	2020 Benchmarks Iowa	Region C
Total Visits	34,541	37,231	35,482	-	-
Total Adjusted Visits	34,541	37,231	35,482	-	-
Variance	0	0	0	-	-
Physicians (FTE)	4.25	4.51	4.38	2.13	1.87
Advanced Practitioners (FTE)	4.43	4.62	5.2	3.96	3.99
PCP Providers (FTE)	8.68	9.13	9.58	6.09	4.86
Leverage Coefficient Delta	1.96	1.96	1.81	1.14	1.4
Cost per Visit	$197.36	$183.46	$216.15	$264.17	$270.71

Cost Report Integrity Analysis

Lilypad performs extensive analysis on every RHC cost report filed with CMS. Errors are assigned a numerical code representing over two dozen data integrity checks that identify and flag outliers, omissions and conflicts. This clinic's 2020 cost report passed all integrity checks. Lilypad's analysis deemed this cost report to be pristine.

[2020 Cost Report cleared all integrity checks]

2021 Lilypad Awards

Once a year, Lilypad analyzes CMS cost report data for all RHCs in the USA, generating a set of standardized performance metrics and benchmarks. These comparative analytics yield a national rankings and ratings program. This clinic's rank and percentile placement are reflected in the accompanying two boxes.

NATIONAL RANK	PERCENTILE
1,077 out of 5,116	66 for 2021 Lilypad Awards

Medicare Beneficiary Reimbursement Summary

MEDICARE VISITS	MEDICARE COST	REIMBURSEMENT	COINSURANCE	DEDUCTIBLE	COINS & DEDUCT
10,353 29% of total visits	$2,055,795 $198.57 per visit	$2,055,795 $198.57 per visit	$267,784 $25.87 per visit	$178,943 $17.28 per visit	$446,727 $43.15 per visit

Produced exclusively for Gregory Wolf on Monday, Nov 1, 2021
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$43.15

The **POND Site Audit** combines data from multiple public sources to provide summary statistics as well as a proprietary Medicare Cost Report integrity analysis and an evaluation of the out-of-pocket obligations for Medicare patients.

Out-of-Pocket Expenses

$200	$400	$20	$40	**$80**
Cost	Charge	Commercial	20% Cost	20% Charge

The fully-allocated cost for a single visit according to the hospital Medicare cost report

The "retail price" of the visit according to the hospital's Chargemaster

A typical co-payment for a primary care visit under a commercial policy

Medicare beneficiary out-of-pocket obligation based on a "percent of charges" methodology for provider-based RHCs

An inflated CAH chargemaster passes on cost to your Medicare patients

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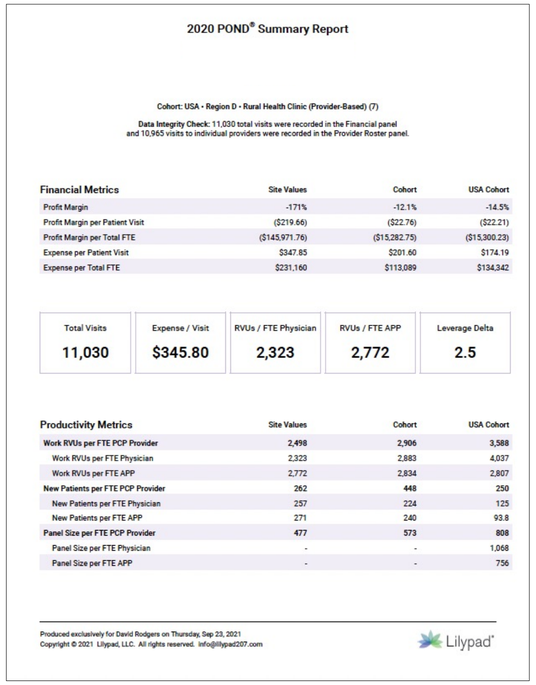
New POND® Summary Report

We redesigned and expanded the core POND Summary Report to set up more effective data analysis and decision making for RHC leaders



2020 POND® Summary Report

Cohort: USA • Region D • Rural Health Clinic (Provider-Based) (7)

Data Integrity Check: 11,030 total visits were recorded in the Financial panel and 10,965 visits to individual providers were recorded in the Provider Roster panel.

Financial Metrics	Site Values	Cohort	USA Cohort
Profit Margin	-171%	-12.1%	-14.5%
Profit Margin per Patient Visit	($219.66)	($22.76)	($22.21)
Profit Margin per Total FTE	($145,971.76)	($15,282.75)	($15,300.23)
Expense per Patient Visit	$347.85	$201.60	$174.19
Expense per Total FTE	$231,160	$113,089	$134,342

Total Visits	Expense / Visit	RVUs / FTE Physician	RVUs / FTE APP	Leverage Delta
11,030	$345.80	2,323	2,772	2.5

Productivity Metrics	Site Values	Cohort	USA Cohort
Work RVUs per FTE PCP Provider	**2,498**	**2,906**	**3,588**
Work RVUs per FTE Physician	2,323	2,883	4,037
Work RVUs per FTE APP	2,772	2,834	2,807
New Patients per FTE PCP Provider	**262**	**448**	**250**
New Patients per FTE Physician	257	224	125
New Patients per FTE APP	271	240	93.8
Panel Size per FTE PCP Provider	**477**	**573**	**808**
Panel Size per FTE Physician	-	-	1,068
Panel Size per FTE APP	-	-	756

Produced exclusively for David Rodgers on Thursday, Sep 23, 2021

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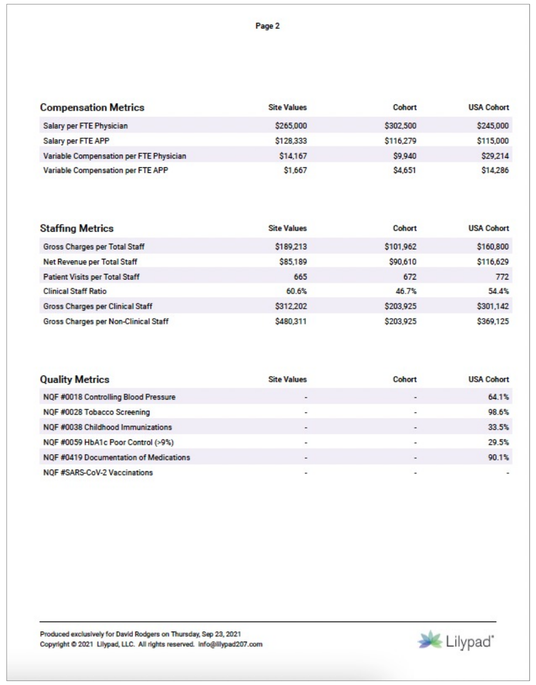

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Compensation Metrics	Site Values	Cohort	USA Cohort
Salary per FTE Physician	$265,000	$302,500	$245,000
Salary per FTE APP	$128,333	$116,279	$115,000
Variable Compensation per FTE Physician	$14,167	$9,940	$29,214
Variable Compensation per FTE APP	$1,667	$4,651	$14,286

Staffing Metrics	Site Values	Cohort	USA Cohort
Gross Charges per Total Staff	$189,213	$101,962	$160,800
Net Revenue per Total Staff	$85,189	$90,610	$116,629
Patient Visits per Total Staff	665	672	772
Clinical Staff Ratio	60.6%	46.7%	54.4%
Gross Charges per Clinical Staff	$312,202	$203,925	$301,142
Gross Charges per Non-Clinical Staff	$480,311	$203,925	$369,125

Quality Metrics	Site Values	Cohort	USA Cohort
NQF #0018 Controlling Blood Pressure	-	-	64.1%
NQF #0028 Tobacco Screening	-	-	98.6%
NQF #0038 Childhood Immunizations	-	-	33.5%
NQF #0059 HbA1c Poor Control (>9%)	-	-	29.5%
NQF #0419 Documentation of Medications	-	-	90.1%
NQF #SARS-CoV-2 Vaccinations	-	-	-

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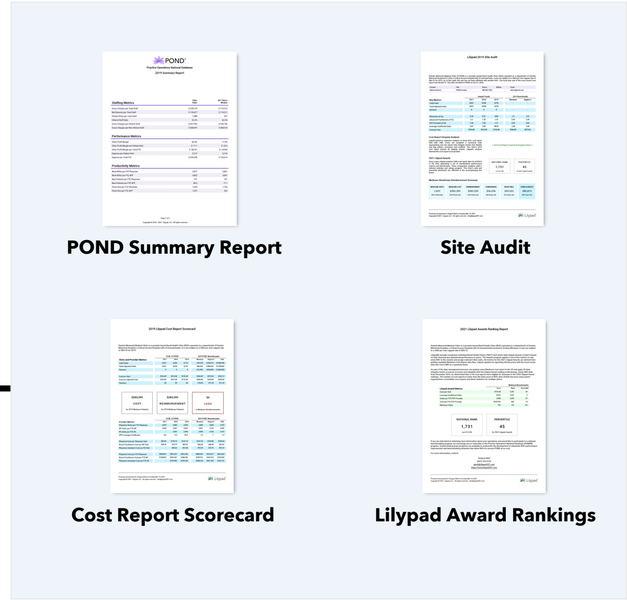
What's Next?

If you have not already used POND:

1. View the Online Tutorial
2. Enroll your RHC
3. Enter data
4. Generate reports
5. Spread findings



POND Summary Report

Site Audit

Cost Report Scorecard

Lilypad Award Rankings

Lilypad is a Maine-based analytics firm that provides mobile and web-based applications for rural primary care practices. We adhere to a core business principle that accountable physicians/clinical leaders and administrators require sound data and simple, innovative tools to be successful in their roles within the emerging value-based care delivery environment.

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