

2010 Showcase in Excellence Award Recipient

TriWest Healthcare Alliance

“Performance Reporting System to Monitor Inventory and Production for Clinical Staff”



Company Information:

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Type of work: (give overview)
TriWest Healthcare Alliance (TriWest) is a privately held company based in Phoenix and contracted by the Department of Defense (DoD) to administer the TRICARE program in the 21-state West Region. TriWest coordinates cost-effective, high-quality healthcare for our nation's active duty, National Guard and Reserve and retired uniformed Service members and their eligible family members and survivors.

Workforce: (# of employees)

1,741 employees

Testimonial of Value of the Arizona Performance Excellence Award Program

“I’m extremely proud of the hard work and dedication the Showcase in Excellence Award represents. Improving our workflow process allowed us to further support our mission: providing the best in customer service and access to care for our nation’s military and their families.”

David J. McIntyre, Jr., TriWest President and CEO

Highlights of Organizational Process:

TriWest Healthcare Alliance (TriWest) is contracted by the Department of Defense (DoD) to provide healthcare services to a 21-state Region in the western United States. This contract has specific requirements with which TriWest must comply. One of these requirements is the completion of referrals and authorizations (R/A) within designated timeframes. For example, 100% of all prior authorizations must be completed within five business days. This information is reported to the government monthly. TriWest is accredited by URAC, a health care quality accreditation and certification agency, which also has standards that TriWest is required to meet and/or exceed. To ensure the company meets these contractual requirements and URAC standards, TriWest continually monitors inventory and the timeliness of the processing of inventory on a daily basis.

Monitoring daily R/As received and their timeliness has been an challenging task for TriWest. While the volume of R/As varies based on the time of year, TriWest receives, on average, 8000 per day. Approximately 10% (800) of the daily volume requires further evaluation by a clinician. In addition to the R/A volume and timeliness of processing, leadership recognized the need to track several other tasks completed by clinicians. In order for management to track all of the tasks, they needed to run multiple reports that could be up to 20 pages long and sometimes more than once per day.

These reports took up to 30 minutes to run for each of the five operating locations and were then exported into Excel for review. They were then reformatted and resorted, including columns unmerged or deleted, fonts changed and manual calculations done to determine timeliness. In some cases, reports were not available and a labor intensive manual review of data within the medical management system was required.

Senior leadership recognized the difficulty involved in maintaining a continuous count of the daily inventory and timeliness of processing. They were also concerned that staff did not have ready access to their own production data so they requested a more efficient way to report the requisite information be developed. A team was selected to automate the process and create the Performance Reporting System II (PRS II) for clinical staff.

The key requirements of the system are (1) to improve efficiencies; (2) to obtain data to ensure that contractual requirements are met; (3) to provide staff the ability to monitor their performance; (4) and to provide data to improve workload distribution.

The team met weekly to identify and define what was to be monitored. They mapped out the current processes and evaluated the time it took to run and compile the original reports for a baseline. They also discussed how staff received information regarding their own production. When all the information was collected, the team created illustrations for all reports and met with staff to review and discuss system design. When these were finalized and approved by management, the team worked with the Information Technology (IT) department to create technical requirements for the IT developers' needs.

When PRS II was implemented, the cycle time to obtain data for inventory and timeliness was reduced from hours to seconds and the data is updated every 30 minutes. With staff now able to view their performance data daily, the average volume per productive hour has increased. From March through June 2009, the overall average volume per productive hour was 1.44. For the same timeframe in 2010, after the February 2010 implementation of PRS II, the average volume per productive hour was 1.72, an increase of 19.36%.

In September 2009, new goals were established for clinicians to meet the contractual requirements and URAC standards. After the implementation of PRS II in February 2010, staff was able to track their performance data and determine if they were meeting the established goals. From January 2010 to May 2010, the staff that met these goals increased from 57% in January 2010 to 77% in May 2010, an increase of 35%.

Management has also provided very positive feedback regarding PRS II. It allows them to monitor inventory in almost real time, the ability to access data in seconds, see inventory across the work locations and the distribution of the workload at a glance. Management now has the ability to easily view the data and drill down into specific metrics critical to the performance of the company