

SUMMARY OF CLINIC PERFORMANCE

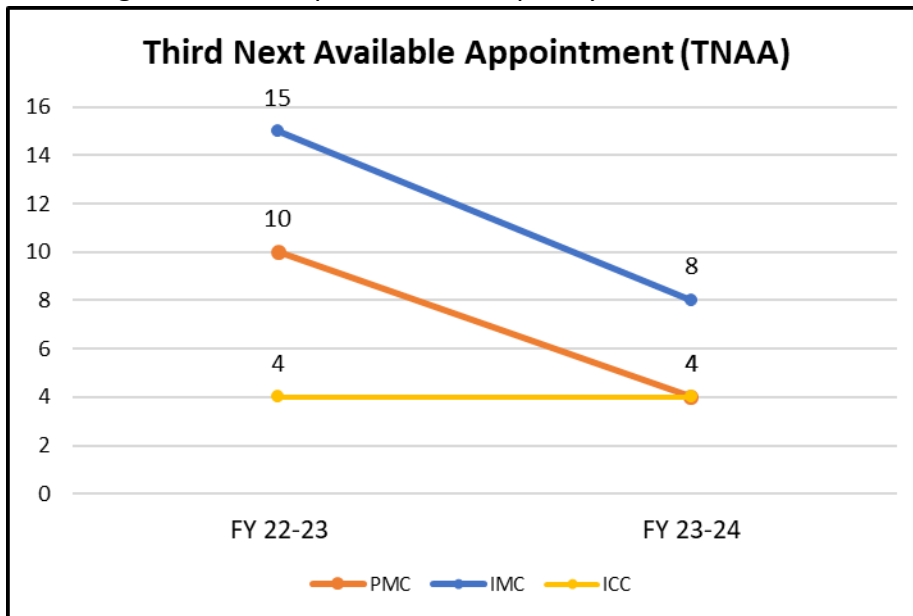
BACKGROUND:

Over the past three years, District leadership has been focusing on provider recruitment and retention, patient and staff satisfaction, patient access, and quality of care. The following graphs show a window into the financial and operational health of the clinics.

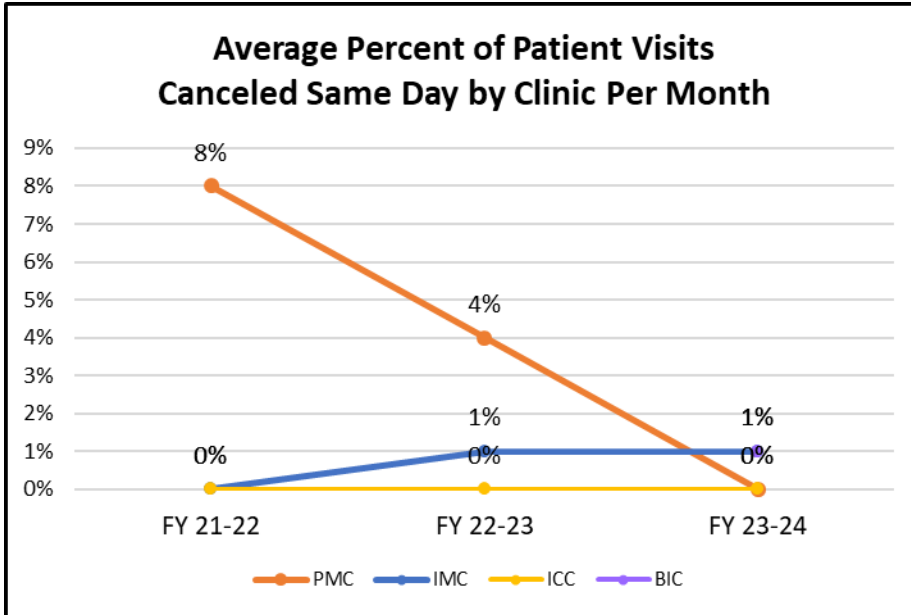
PATIENT ACCESS:

The District looks at patient access in several ways. The following graphs show measures aimed at determining whether patients are able to be seen when they need and want to be seen.

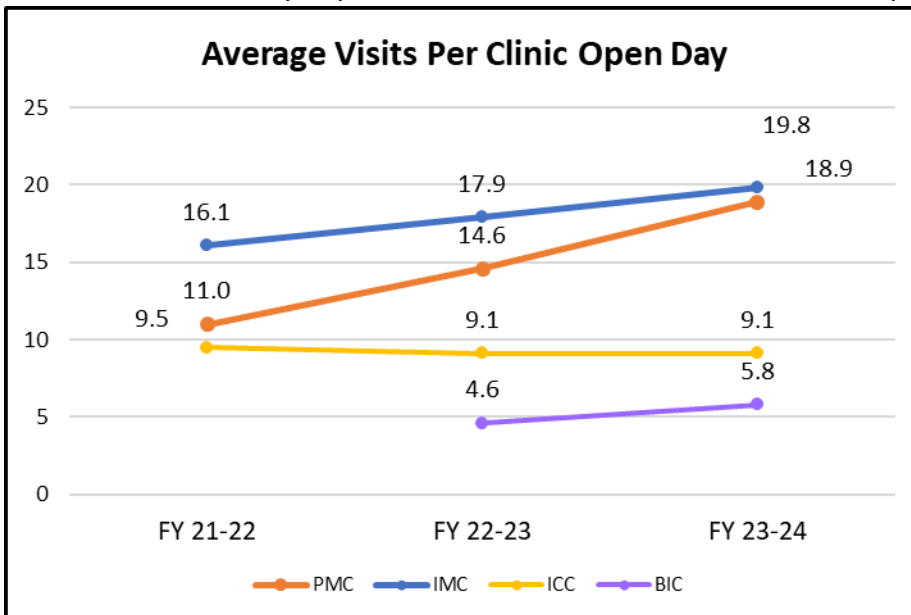
Third Next Available Appointment is a standard primary care metric used to measure how long patients wait to get an appointment with a healthcare provider. It is calculated by measuring the calendar days between the dates a patient requests an appointment and the third available appointment to establish care (40-minute appointment). It is important to note that shorter appointments may be available sooner and all of MCHD's clinics have same-day appointments available. Data is shown for the past two fiscal years, but was not tracked according to the same specifications in prior years.



Another measure of access is the percent of scheduled patient visits that are cancelled same day by the clinic. It is important to note that in FY22-23, the District moved away from a model in which Pioneer Memorial Clinic medical providers concurrently staffed the emergency department. This change helped to significantly improve patient access and provider availability at PMC.



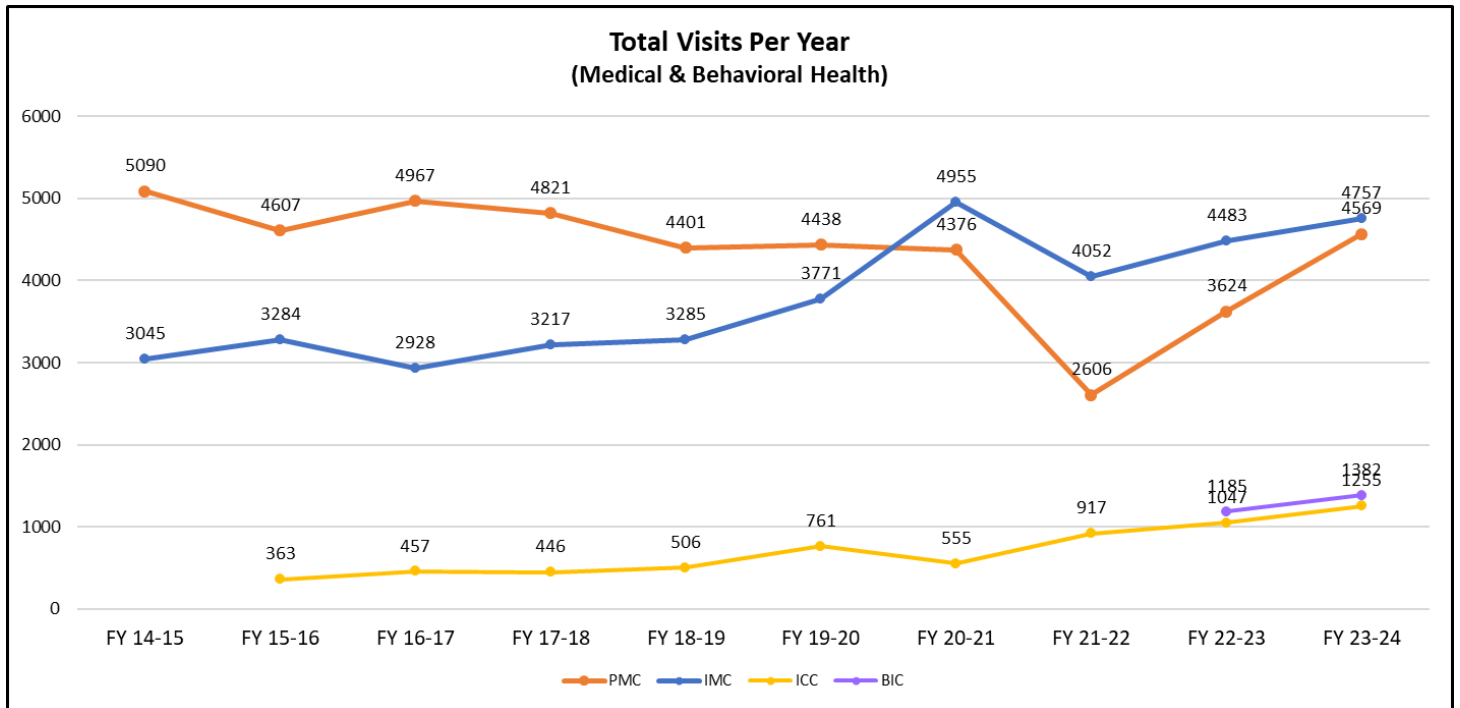
The graph below shows the average number of visits per clinic per day that the clinic was open to see patients. There has been steady improvement at both PMC and IMC over the past two years.



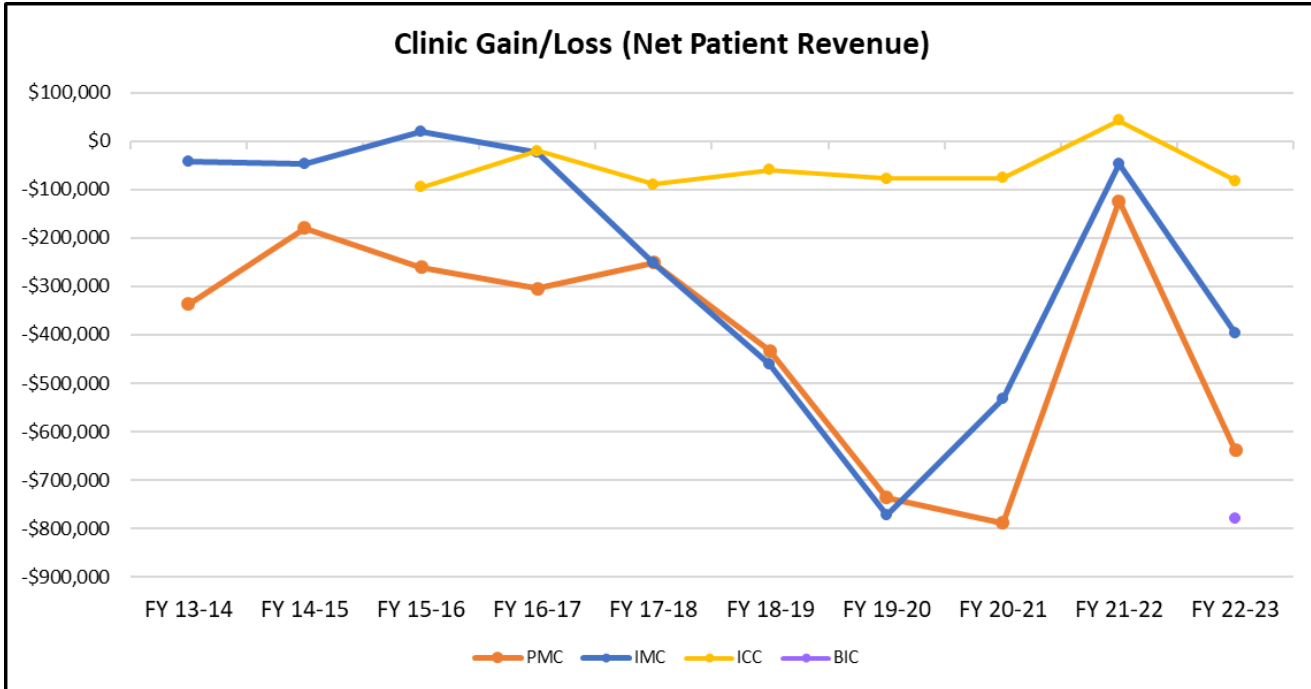
FINANCIAL & OPERATIONAL:

The District monitors several measures related to the financial and operational health of the clinics. It is important to consider all of these measures together as they give a clearer picture of what is happening at the clinics versus looking at only one or two measures such as total visits or net revenue.

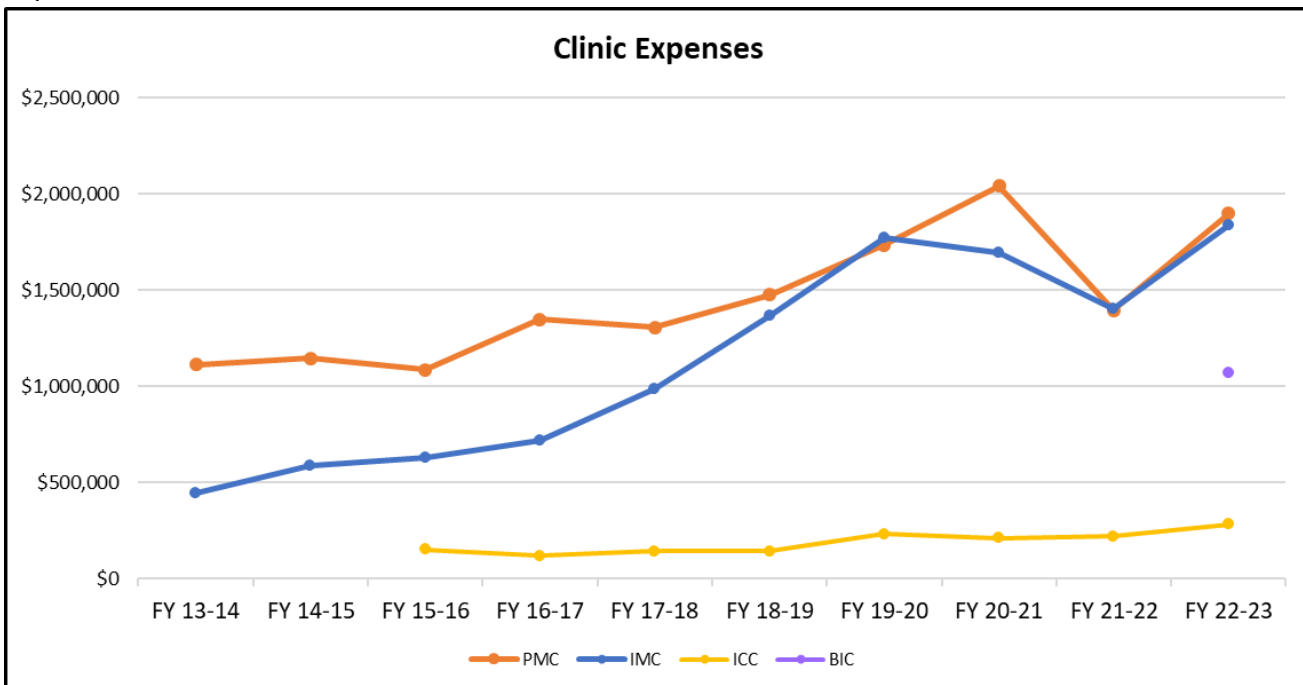
The graph below shows the total visits, both medical and behavioral health, by year. In FY23-24, it is notable that clinic visits at PMC recovered to post-COVID levels. Visits at all clinic locations are showing steady increases over the past two years.



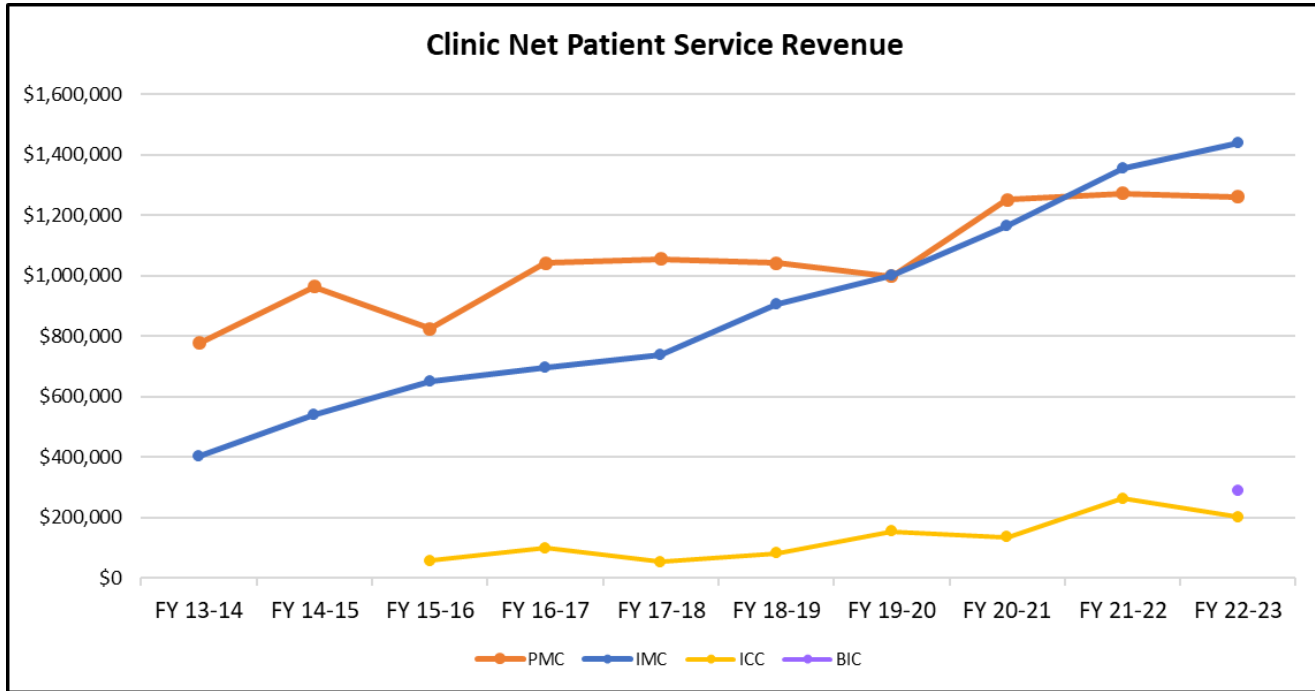
This graph shows net revenue from clinic operations, in other words, net revenue from patient services minus expenses. This does not account for any grant funding or tax dollars used to support clinics. The significant increase shown in net patient revenue for FY21-22 is the direct result of COVID relief programs. Data for FY23-24 will become available in October of 2024 during the District’s year-end audit.



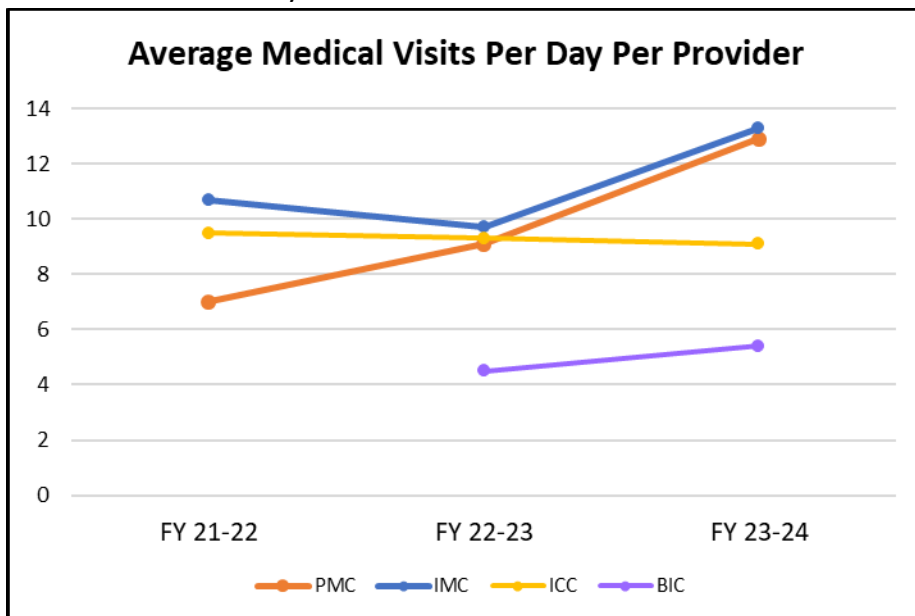
This graph shows expenses at each clinic. It does not include administrative overhead such as billing, information services, management, etc. Employee and provider wages make up the bulk of the operating expenses at each clinic.



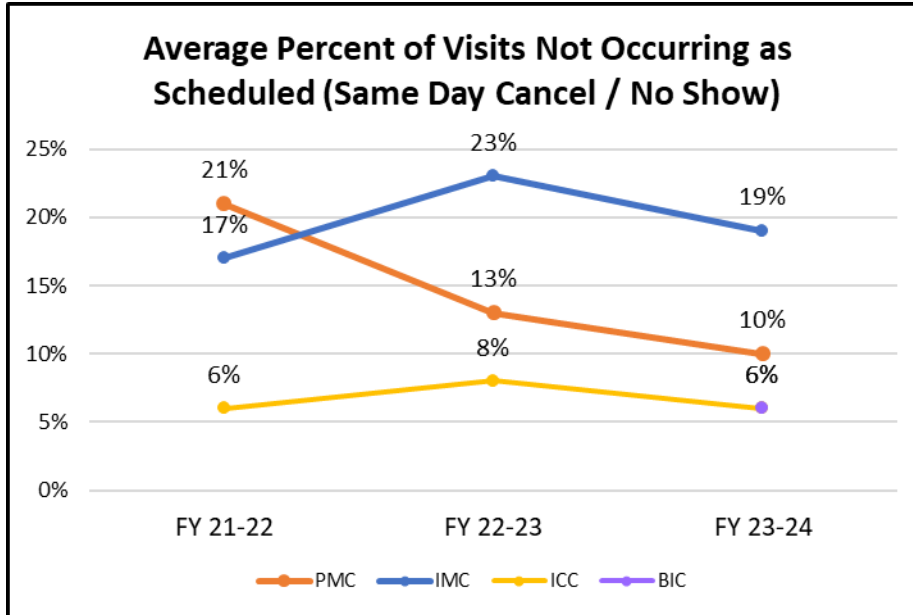
Below is the net patient service revenue by clinic. This does account for cost-based reimbursement, but does not include grant funding, incentive payments, or tax monies.



Part of ensuring access for patients is ensuring that providers can and do see an adequate number of patients per day. The District requests that providers average 16 patients per 10-hour day. It is important to note that this goal is lower than the Medicare requirement for physicians. It should be noted that ICC does not operate on a 10-hour clinic day.



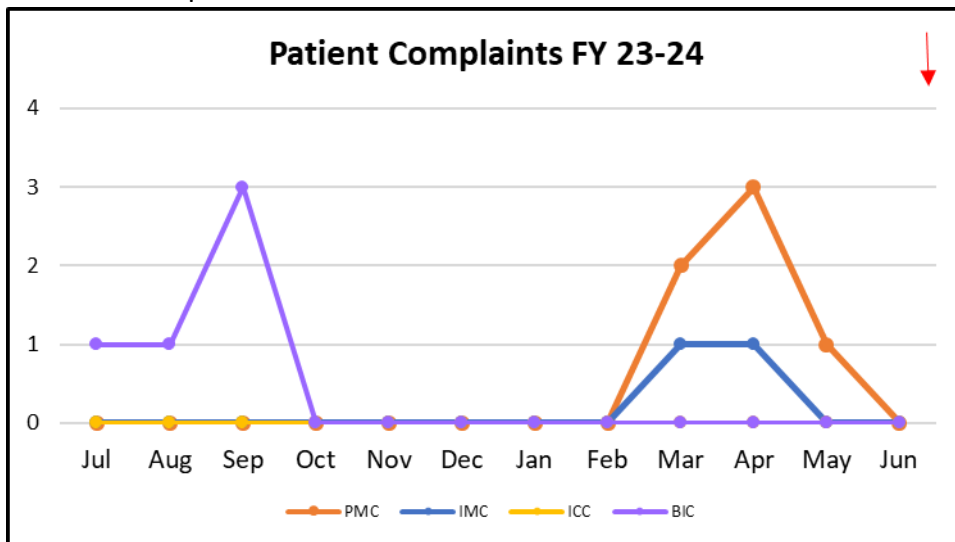
One area where clinic leadership is focusing improvement efforts is the percent of visits not occurring as scheduled. This includes visits that were cancelled same day by the clinic or by the patient and no show visits. PMC has shown significant improvement over the past two years. IMC still has opportunities for improvement.



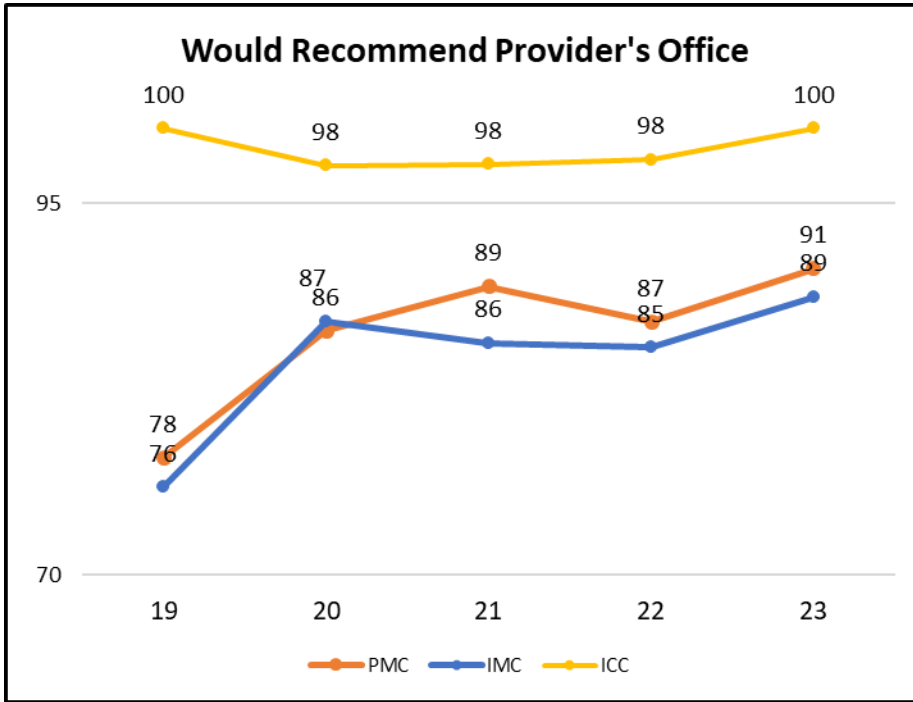
PATIENT SATISFACTION:

The District monitors both patient complaints and patient satisfaction scores on a monthly basis. The District contracts with an outside vendor (NRC) to administer patient satisfaction surveys in alignment with CMS guidelines.

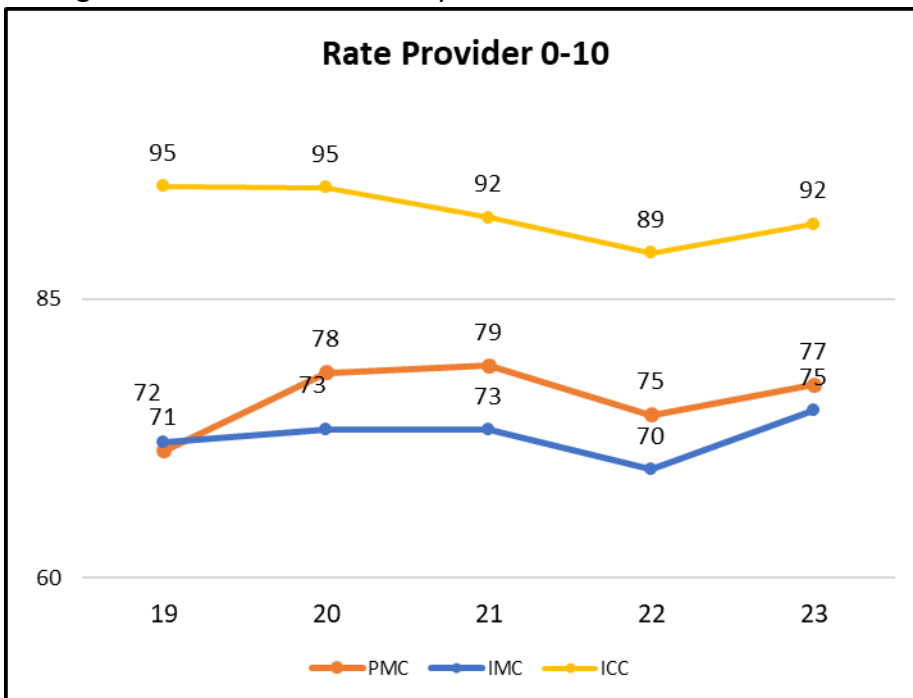
Patient complaints are investigated and responded to by the District’s Compliance Officer. This graph below shows all complaints received for FY23-24.



This data is collected from the NRC-administered patient satisfaction survey. The scores shown are for the question, "Would you recommend this provider's office to your family and friends?"



This data is collected from the NRC-administered patient satisfaction survey. The scores shown are for the question, "Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?" A score of 95 is essentially equivalent to an average score of 9.5 on the survey.



ESTIMATING SERVICE NEED:

The Oregon Office of Rural Health publishes data that can be used to help estimate the need for services in a specific area. The Office of Rural Health Service Profile Report for 2022 was used in the chart below (note that there is often a lag in data availability).

The chart shows the total number of unique patients served and the total number of visits by clinic for FY23-24. Estimated Primary Care Visits Needed comes from the ORH report for each area. The Estimated Visits Not Captured is the estimated need minus the total visits provided. Note that in Boardman, Columbia River Health likely captures a significant number of those visits. Similarly, Irrigon has multiple primary care practices in close proximity.

FY 23-34	Unique Patients Served	Total Visits	Estimated Primary Care Visits Needed	Estimated Visits Not Captured
Pioneer Memorial Clinic	1,353	4,569		
Ione Community Clinic	518	1,255		
		5,824		
Office of Rural Health for 97836, 97839, 97843			7,997	2,173
Irrigon Medical Clinic	1,313	4,757		
			8,903	4,146
Boardman Immediate Care	905	1,382		
			9,049	7,667