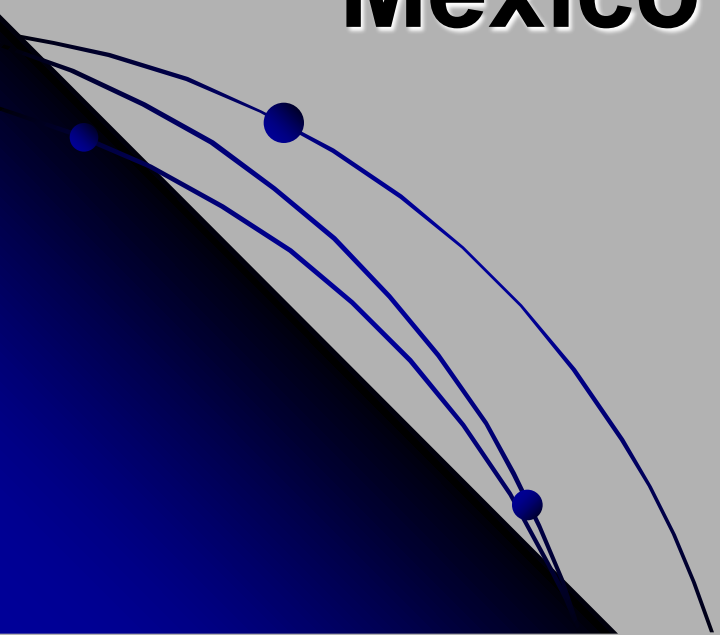




**Proudly serving our New
Mexico communities since
1972**



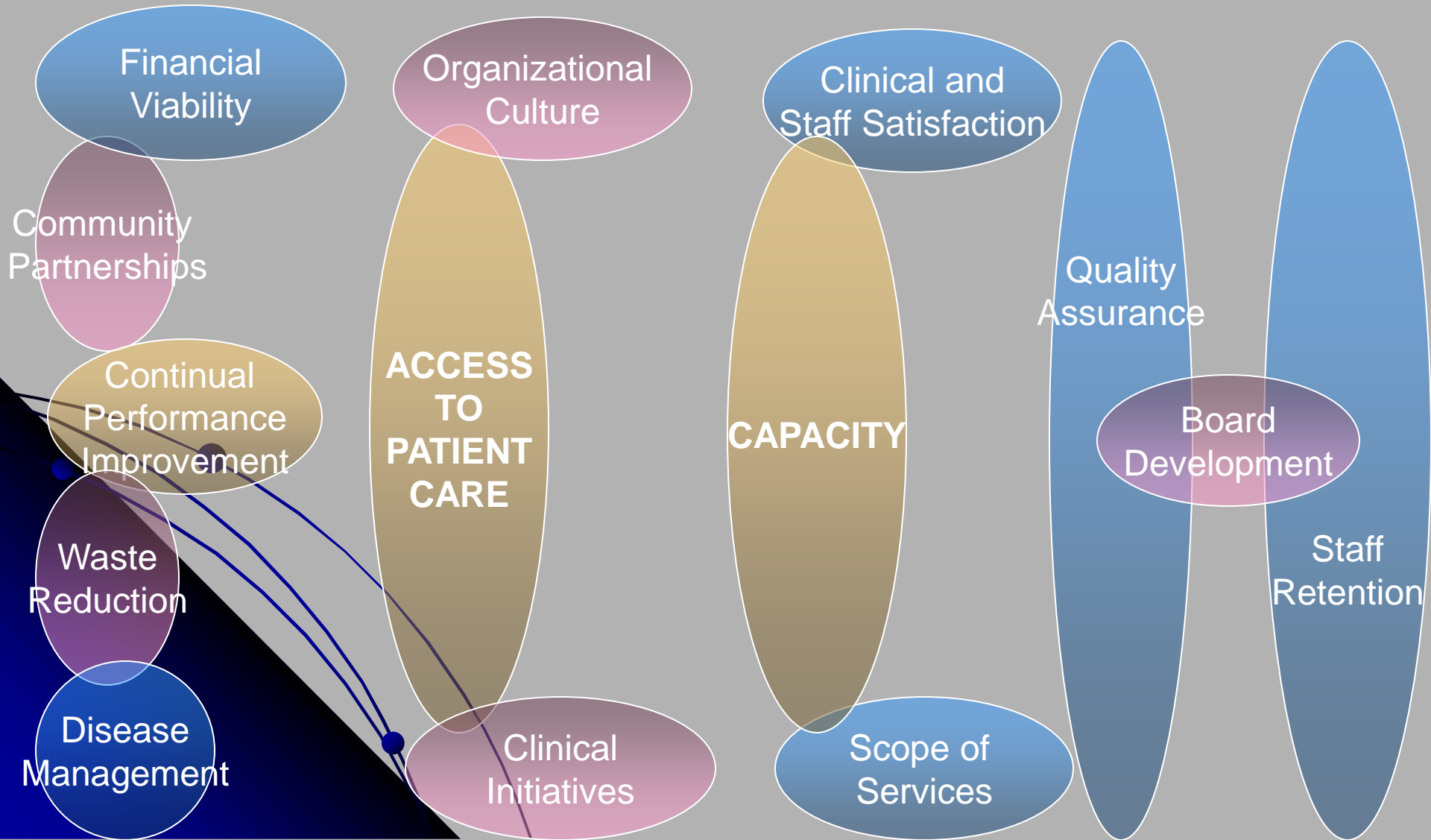
First Choice Community Healthcare

Access, Capacity, Opportunity and Risk: A Strategic Planning Discussion

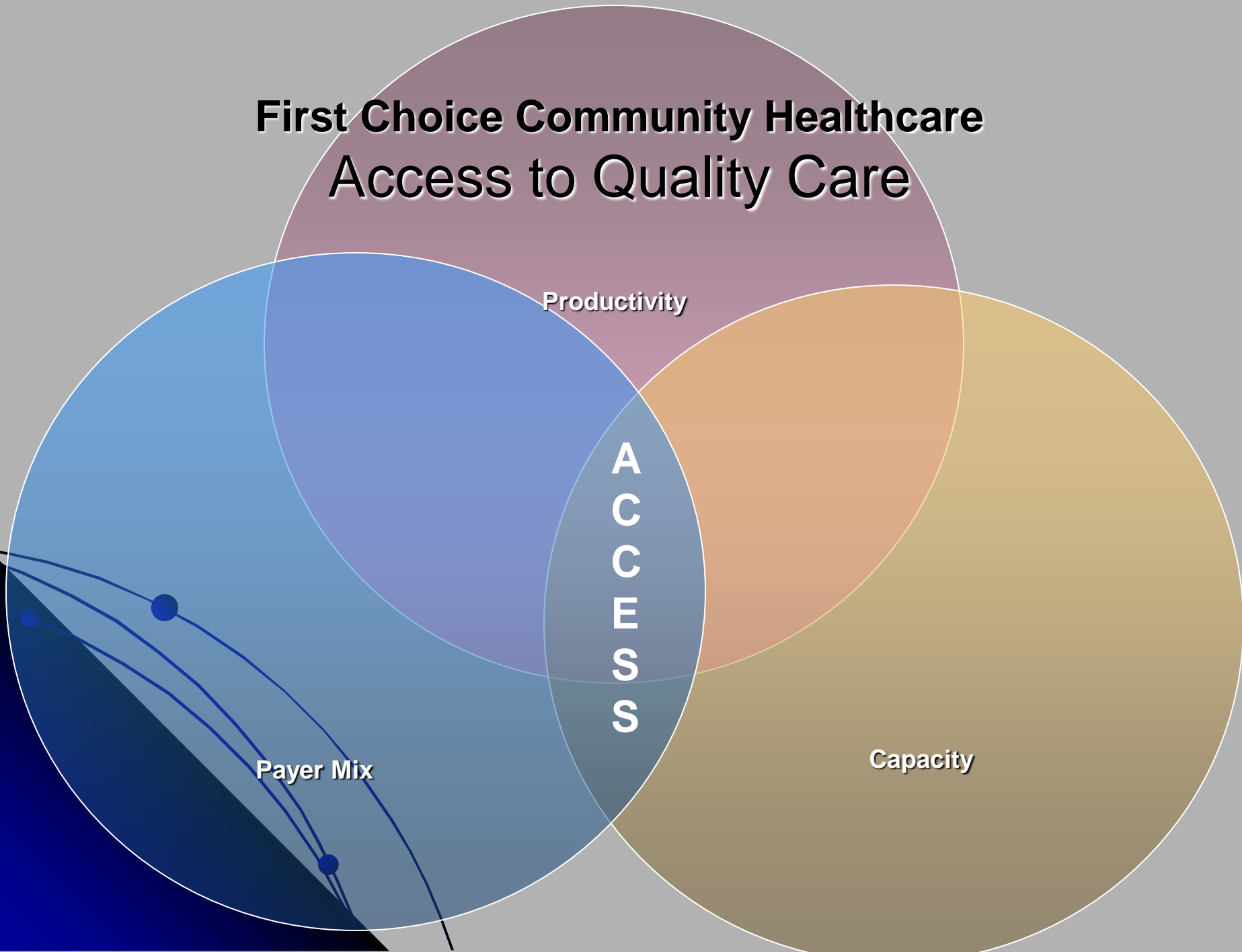
March 2011



First Choice Community Healthcare STRATEGIC OBJECTIVES



First Choice Community Healthcare Access to Quality Care



Productivity

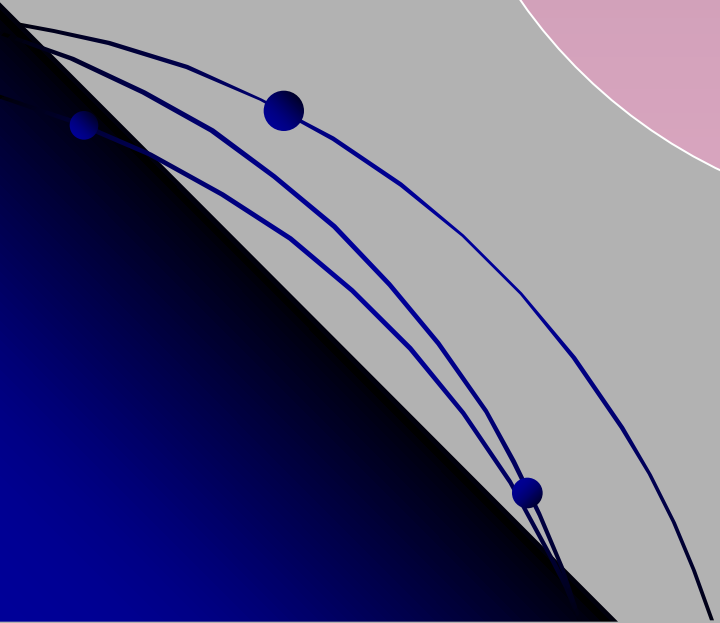
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Capacity

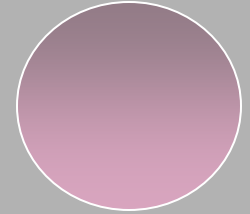
Payer Mix

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Productivity



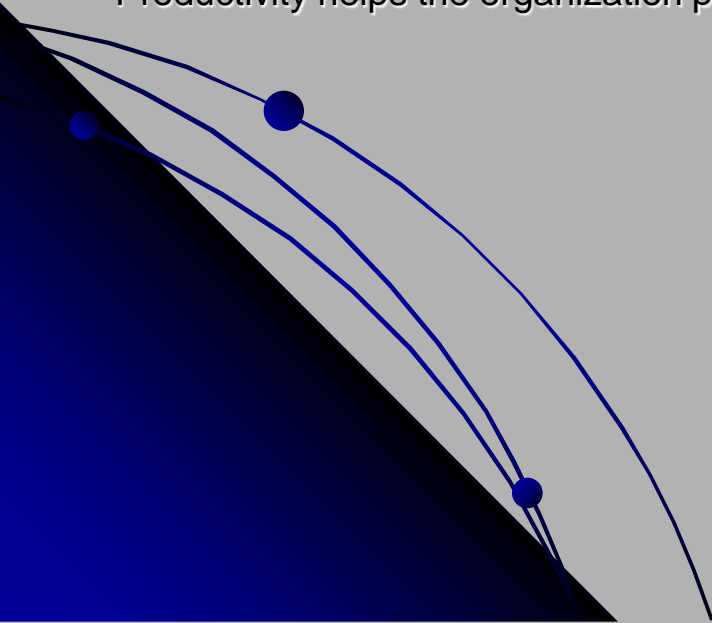
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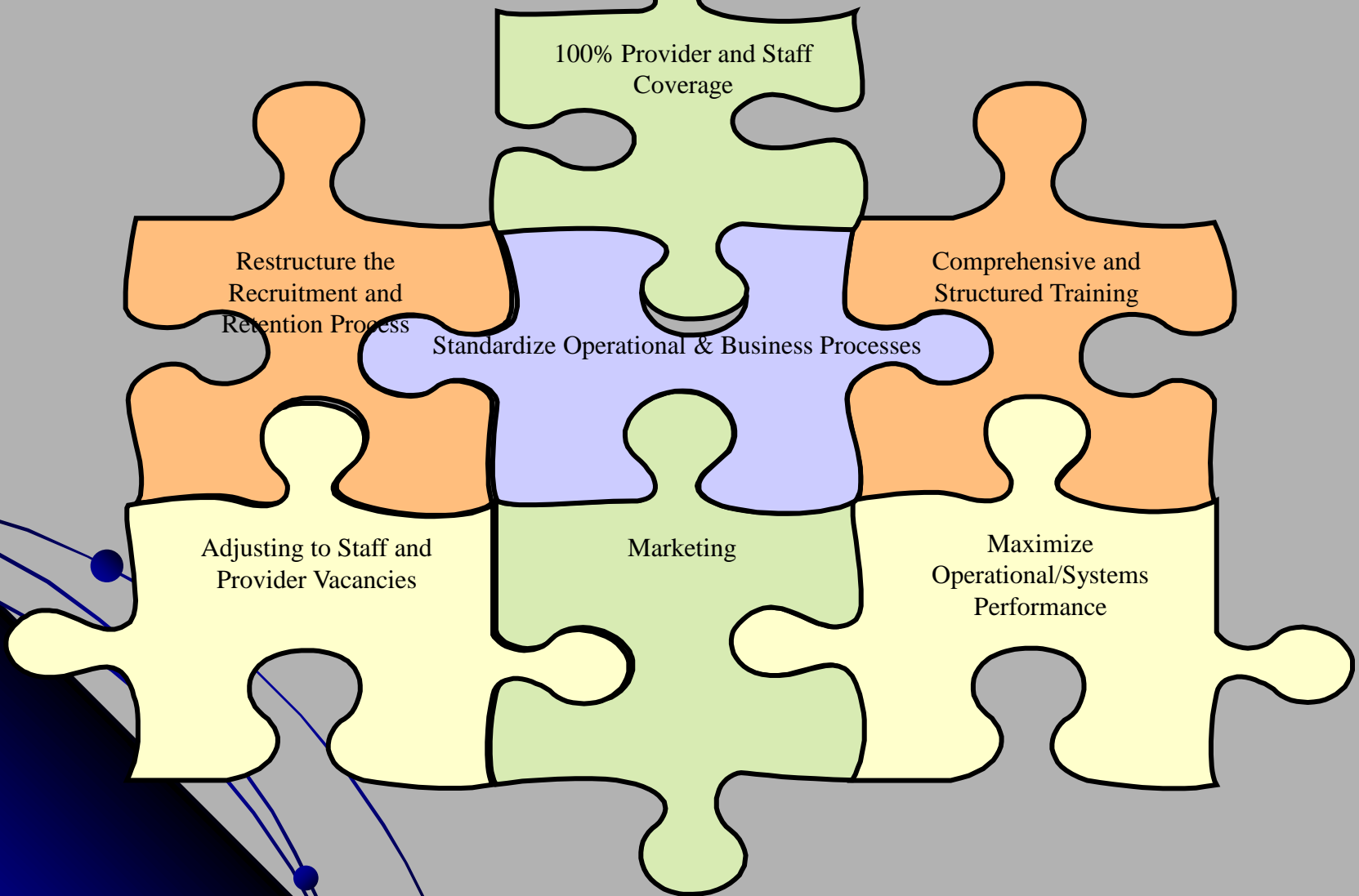
Why is Productivity important?

Productivity indicates an organization's utilization of its limited resources that provide access to quality health care when compared to a standard

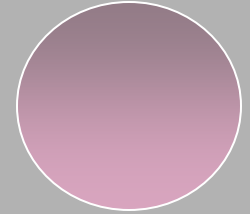
Productivity helps the organization plan and budget for the future.



Components of Productivity



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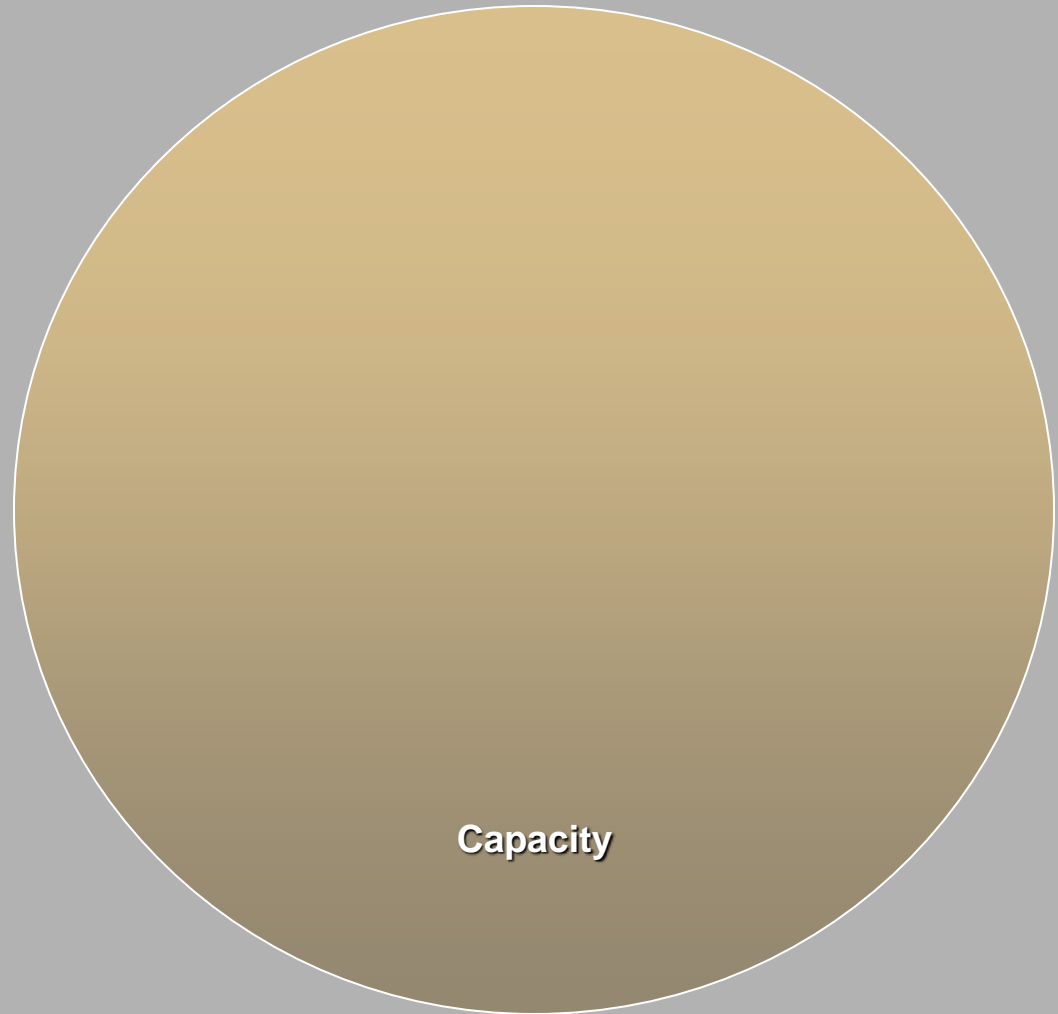
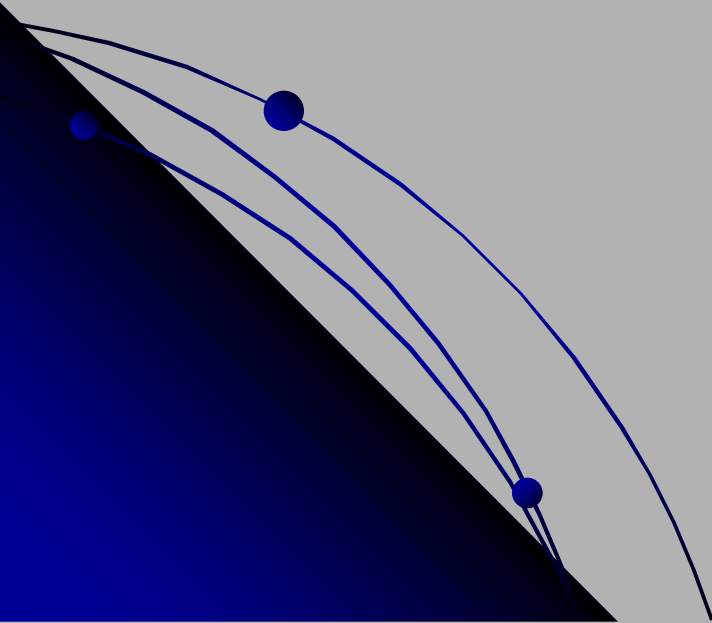
Translating Productivity with “80% Rule”:

Provider Class	Target Encounters	Annual Hours	80%	Days	Room Hours	Patients per Hour	Average Allowable Minutes per Patient
Physician	4250	2080	1664	208	8	2.55	23.49
Midlevel	3190	2080	1664	208	8	1.92	31.30
Dentist	2540	2080	1664	208	8	1.53	39.31
Dental Hygienist	1660	2080	1664	208	8	1.00	60.14

Patients per Hour = Target Encounters / Days / Room Hours

Average Allowable Minutes per Patient = Patients per Hour / 60

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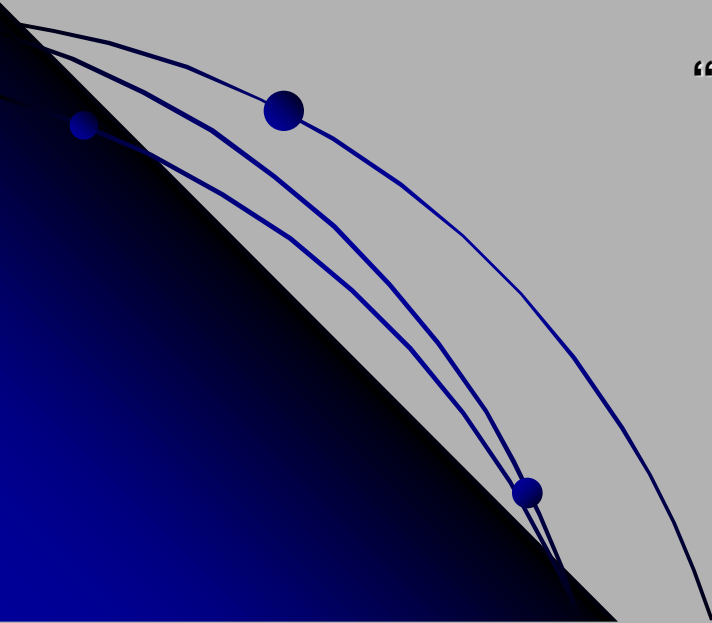
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What is Capacity? – ACTUAL OUTPUT / POTENTIAL OUTPUT

One focus of FCCH is defining the components of Capacity Utilization

**“What are we presently doing with what
we already have?”**



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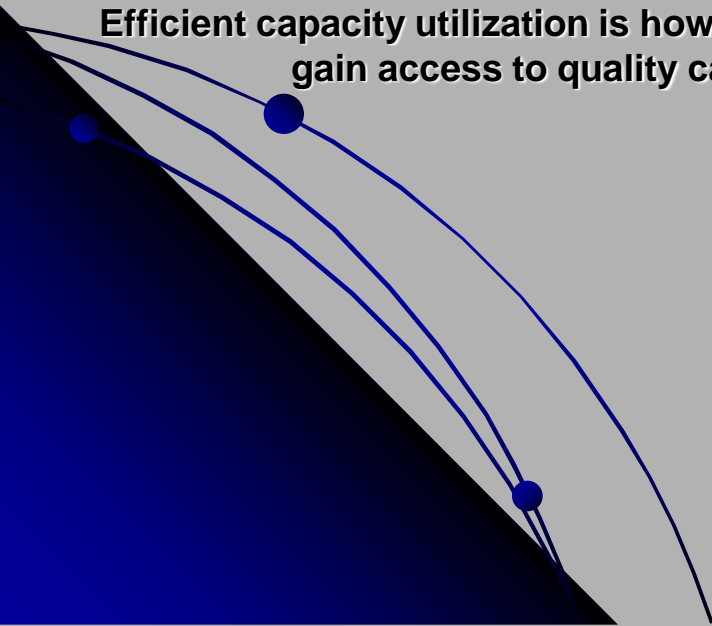


Why is Capacity Important? -

Capacity Utilization indicates operational efficiency

Understanding a system's Capacity Utilization allows the organization to make informed strategic plans and decisions

Efficient capacity utilization is how the greatest number of our community members are able to gain access to quality care



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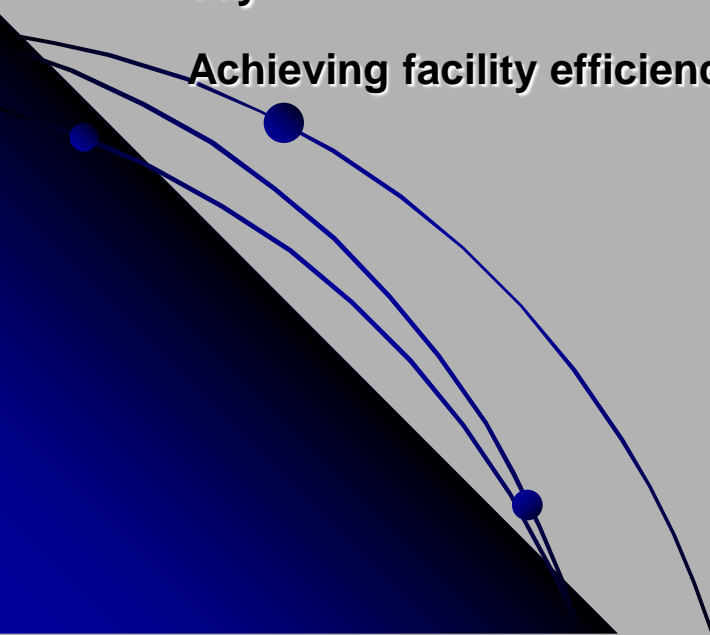
Components of Capacity:

Utilization of all Exam Rooms or Exam Chairs available at a facility every day

Coverage of Providers (every chair, all day and everyday) necessary to fully utilize 100% of the facility every day

Coverage of Support Staff necessary for Providers to meet facility targets every day

Achieving facility efficiencies (front and back-end processes)



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Facility Capacity: MEDICAL

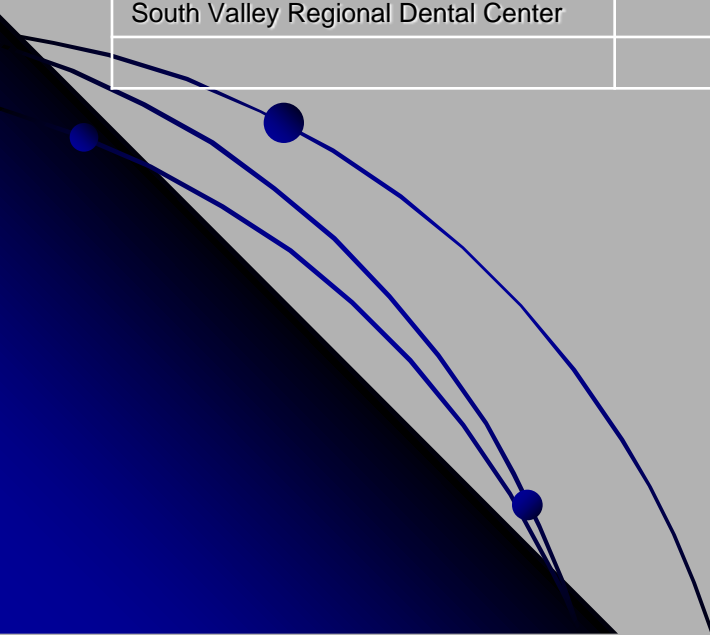
MEDICAL - Building Capacity	Rooms (2 / Provider)	Provider FTE Capacity	Facility Encounter Capacity Per Day
Alameda	8	4.0	82
Alamosa	10	5.0	102
Belen	7	3.5	71
East Mountain	12	6.0	122
Los Lunas	9	4.5	90
North Valley	8	4.0	82
South Broadway	17	7.0	173
South Valley Health Commons	24	12.0	245
	90	45	967

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Facility Capacity: DENTAL

DENTAL - Building Capacity	Chairs (2 / Provider)	Provider FTE Capacity	Facility Encounter Capacity Per Day
Belen	5	2.5	31
East Mountain	6	3.5	43
South Valley Regional Dental Center	16	8.0	98
	27	14	172



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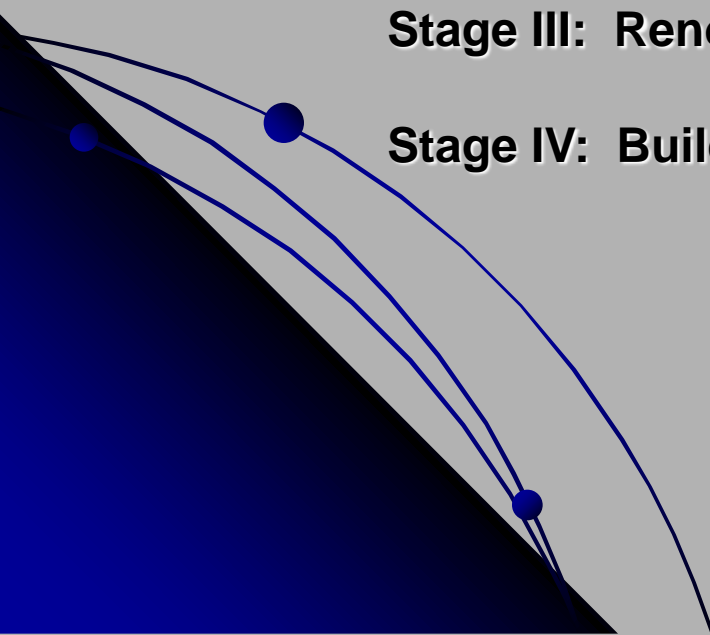
Stages of Expanding Capacity:

Stage I: Maximize Facility Utilization

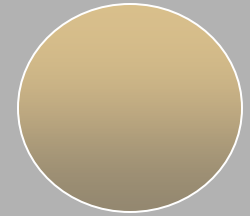
Stage II: Extend Hours

Stage III: Renovate and Expand Existing Facilities

Stage IV: Build New Facilities



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Utilization and Expansion of Existing Capacity

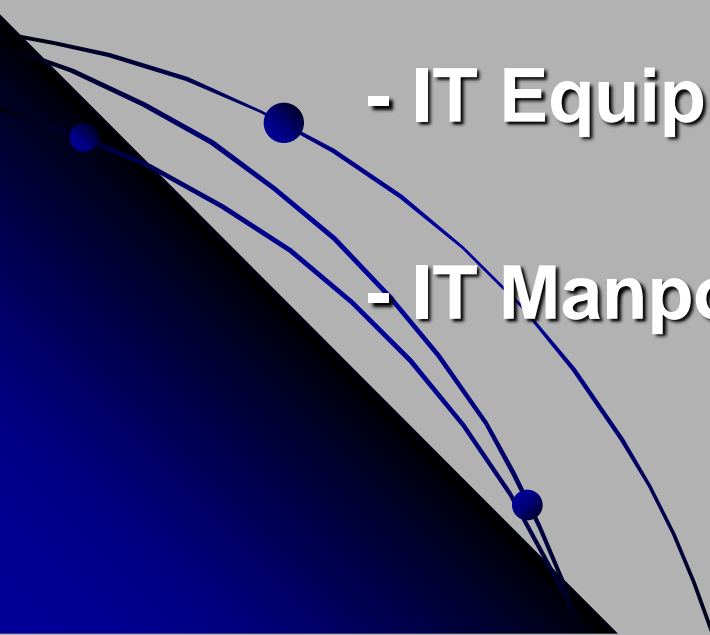
1. Infrastructure Development

- IT Equipment

\$500,000

- IT Manpower

\$200,000



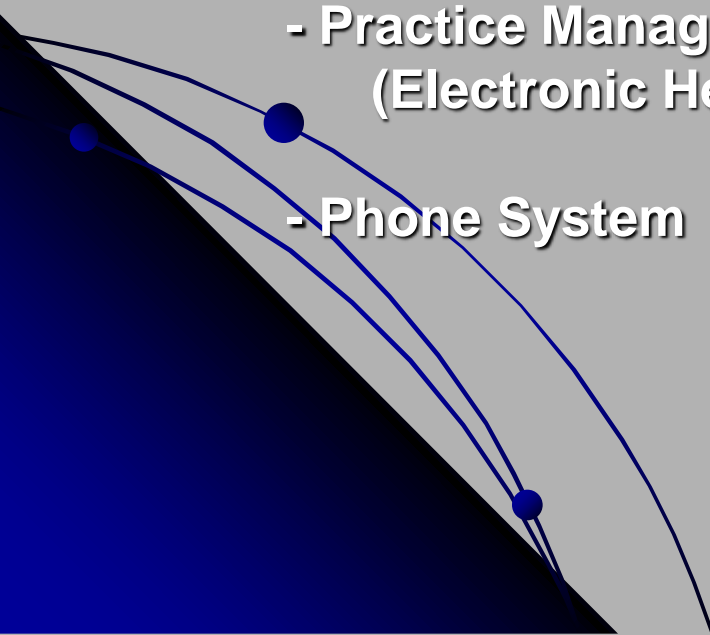
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Utilization and Expansion of Existing Capacity

2. Technology Tools



- | | |
|---|-------------|
| - Practice Management System Software
(Electronic Health Record) | \$1,000,000 |
| - Phone System | \$250,000 |



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Utilization and Expansion of Existing Capacity

3. Facility Remodels



- Alamosa	\$35,000
- Alameda	\$25,000
- North Valley/Alameda WIC Option	\$35,000
- Edgewood Dental	\$50,000

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Development of New Capacity: Opportunity and Risk

1. Williams Street Property

- 22,000 sq.ft. Remodel \$3.2 million
- Equipment Purchases \$400,000

2. Los Lunas Village Health Center

- 22,582 sq.ft. New Building \$7.1 million
- Equipment (Medical and Dental)
(Affordable Healthcare Act) \$1,000,000

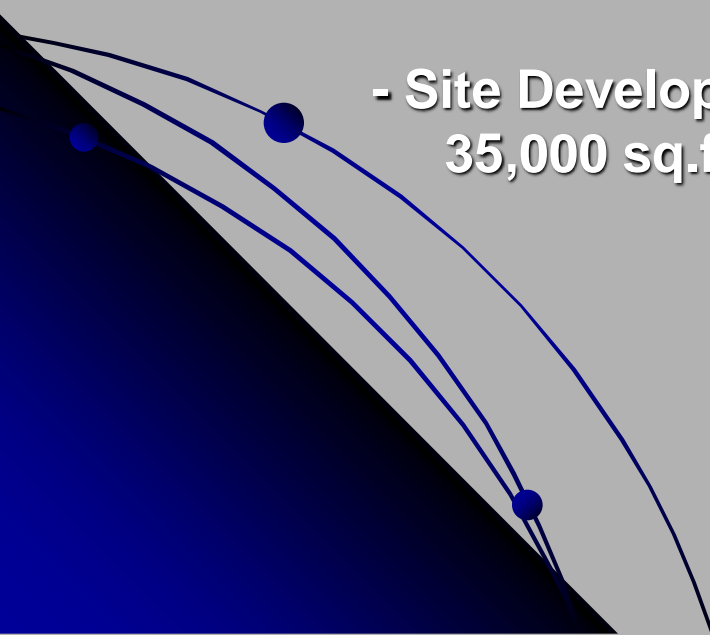
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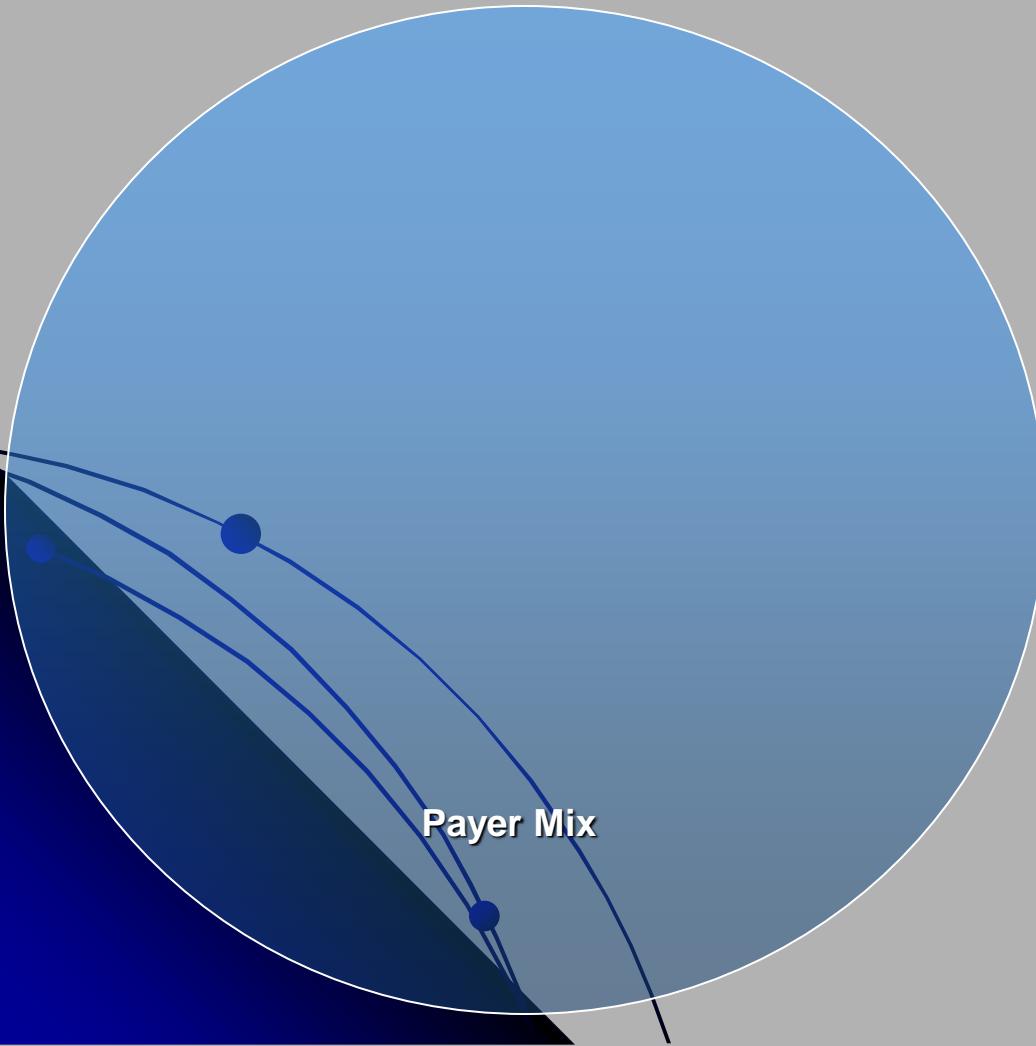
Other Project Opportunities: Economic Development Plan

1. South Valley Health Commons: Phase IV

- | | |
|--|---------------|
| - 3.5 Acre Land Purchase | \$600,000 |
| - Site Development:
35,000 sq.ft. Build out | \$6.4 million |



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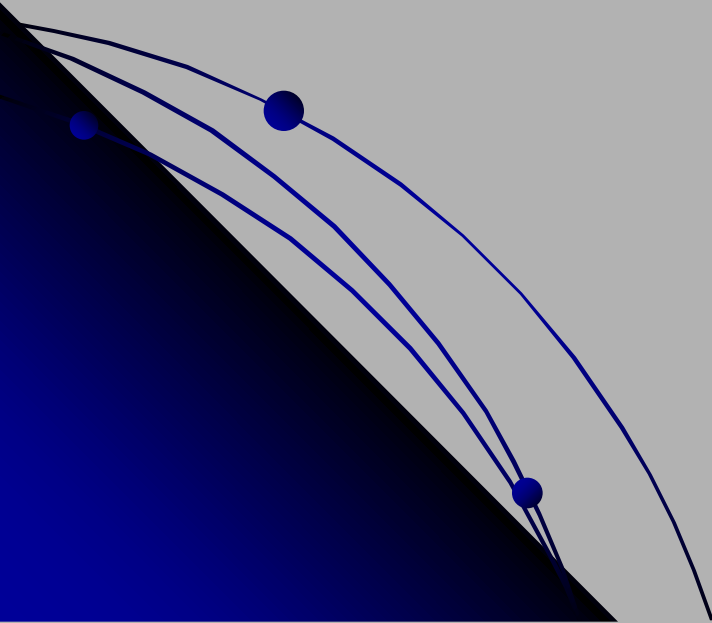


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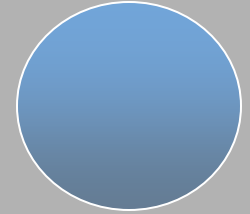


What is Payer Mix? - ENCOUNTERS by PAYER / TOTAL ENCOUNTERS

Payer Mix is an indicator of the user reimbursement type that is accessing the organizations health care.



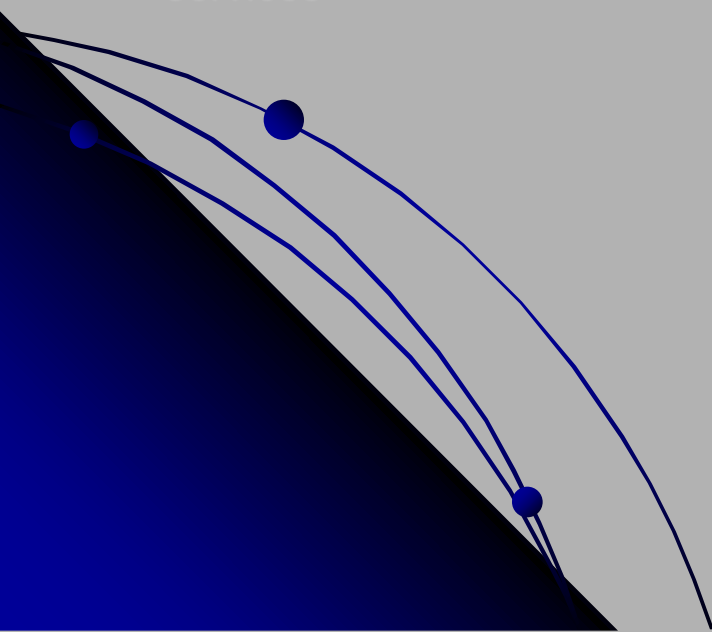
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Why is Payer Mix important? -

Each Payer has a different average rate of reimbursement

A small percent change in the Payer Mix can have a dramatic impact on our organizations ability to fund increased access, and our ability to expand services

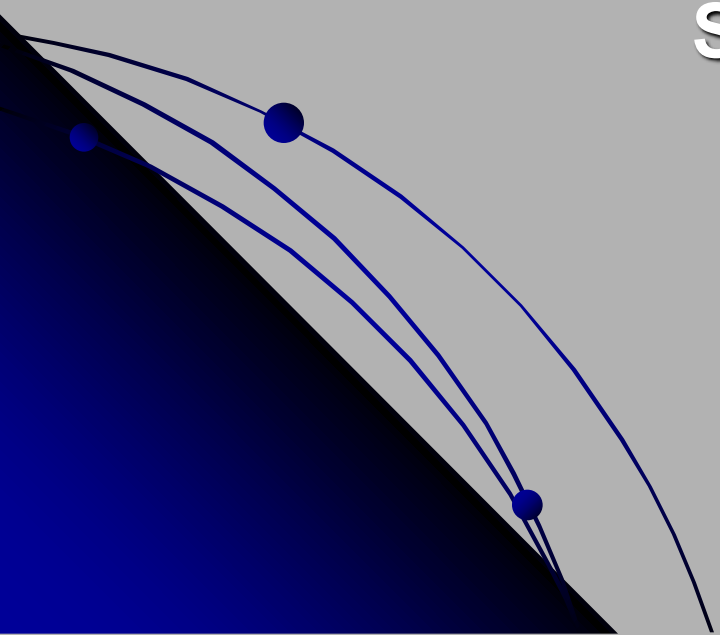


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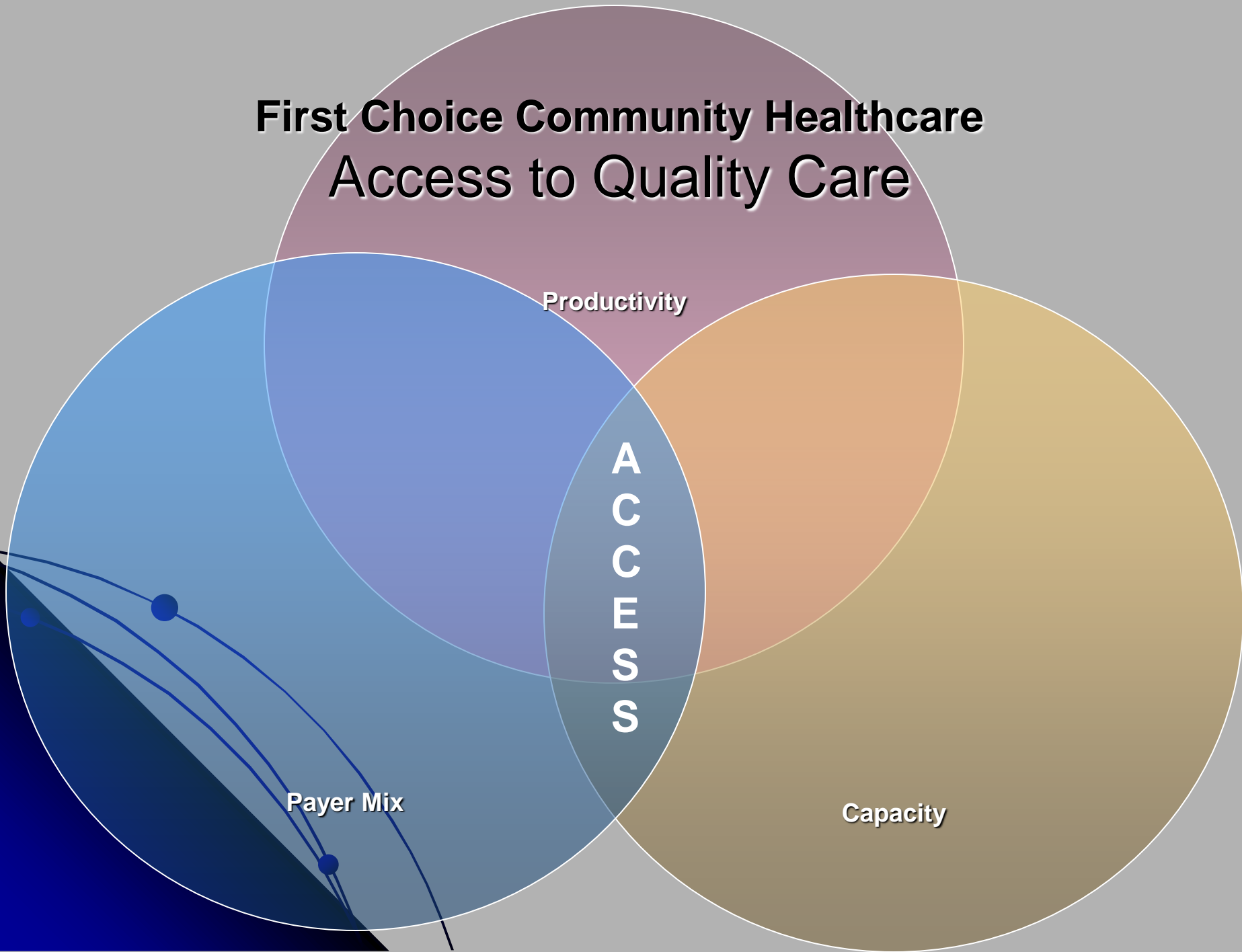
Access to Quality Care

- **Types of Payer Mix**

- Private Pay (Sliding Fee Scale)
- Private Insurance
- Medicaid (FFS, Doral, Evercare, Molina, State)



First Choice Community Healthcare Access to Quality Care



Productivity

A
C
C
E
S
S

Payer Mix

Capacity

Thank you

