PHD Clinical Services Review: Results and Conclusions

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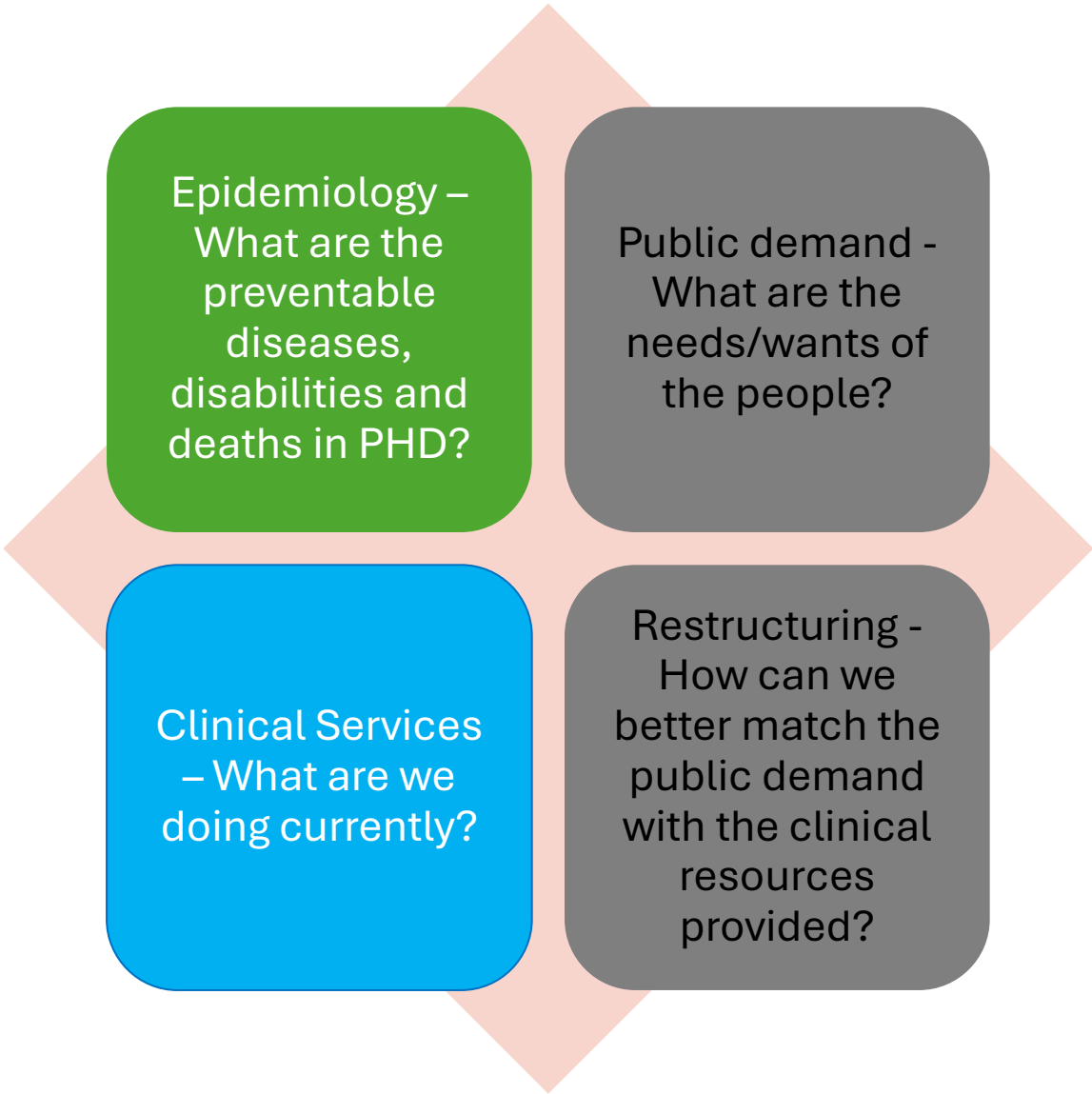
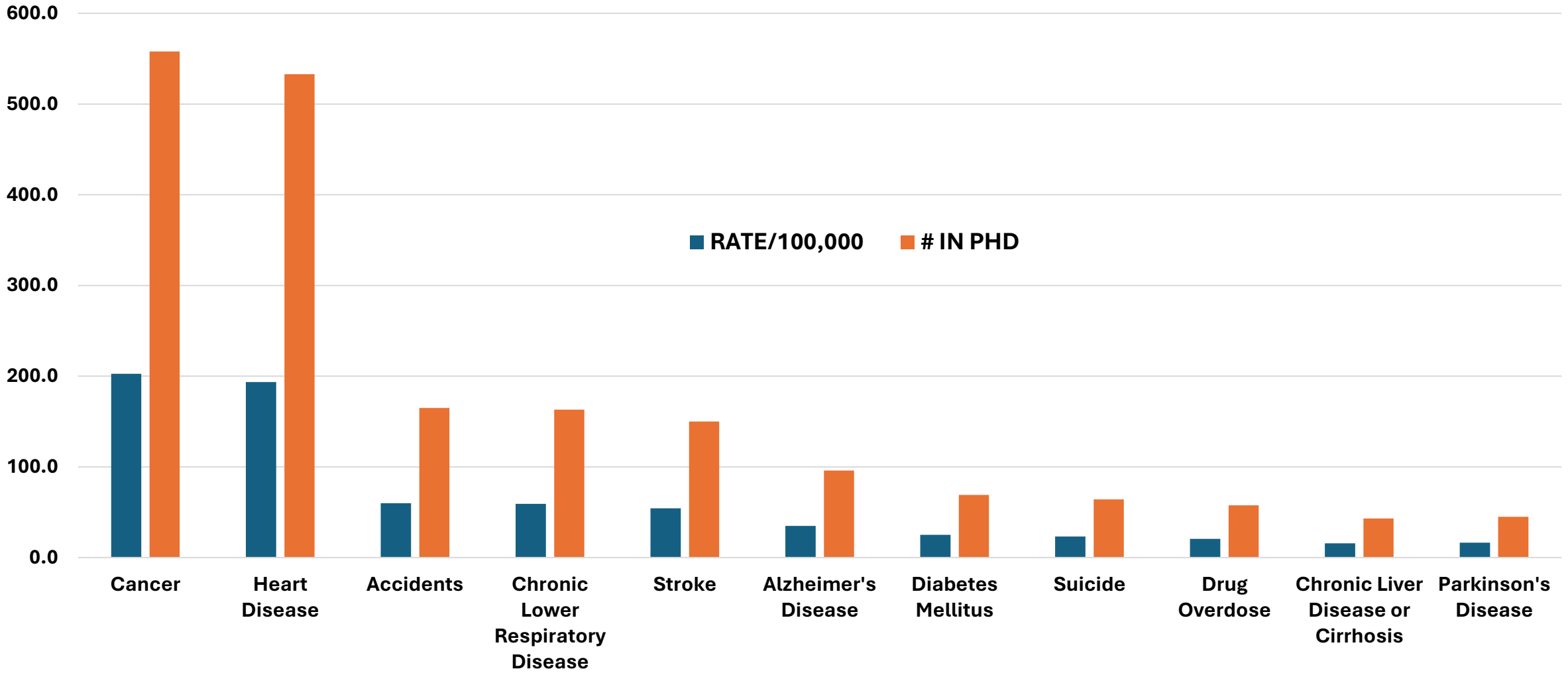
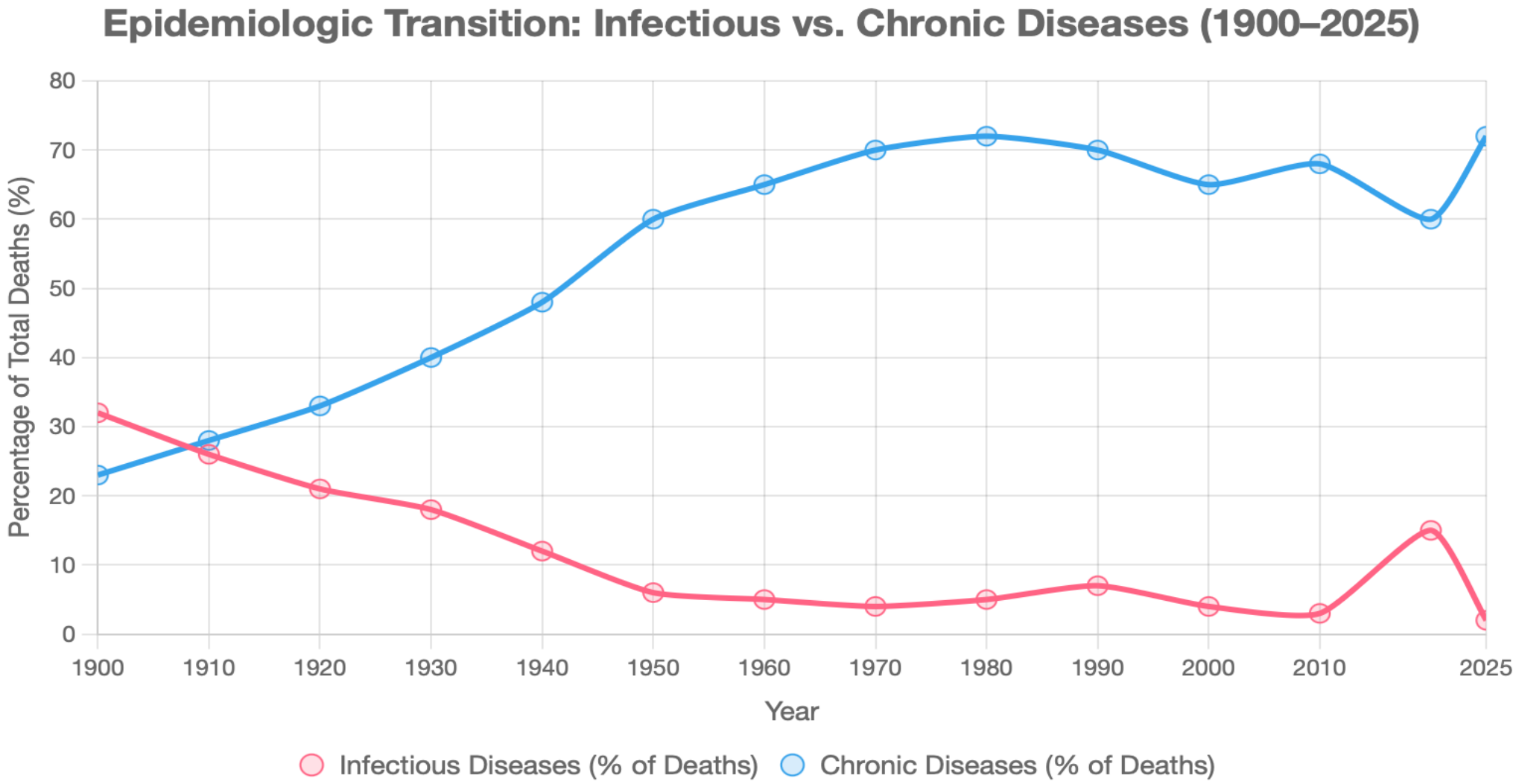
Questions for Clinical Services



Leading Causes of Death in PHD (2023)

PHD population 262,969





Sources: CDC/NCHS Vital Statistics (1900-2018), JAMA Infectious Disease Mortality Trends (1999), CDC Provisional Data (2020-2025), Grok

Questions for Clinical Services

Clinical Services – What are we doing currently?

What is “Clinical Services”?

~15 employees (~17% of PHD)

By organizational chart, does not include Nutritional Services - including RNs, dieticians

Represents 19% of total FY26 PHD budget

Clinic revenue $1,147,398 – FY25, including grants

Represents 10% of PHD revenues – FY25

Clinic expenditures $1,805,500 – FY25

Represents 18% of PHD expenditures – FY25

ICD-10 and CPT codes

ICD-10 codes (WHO, NCHS, CDC, CMS)

- Diagnostic codes
- >70,000

CPT codes (AMA)

- Procedures
- Testing
- Evaluation and Management (E/M)
- >10,000

Definitions and FY25 Numbers

New patients – new to the practice N=519

Unique patients – unduplicated SSN N=4,215

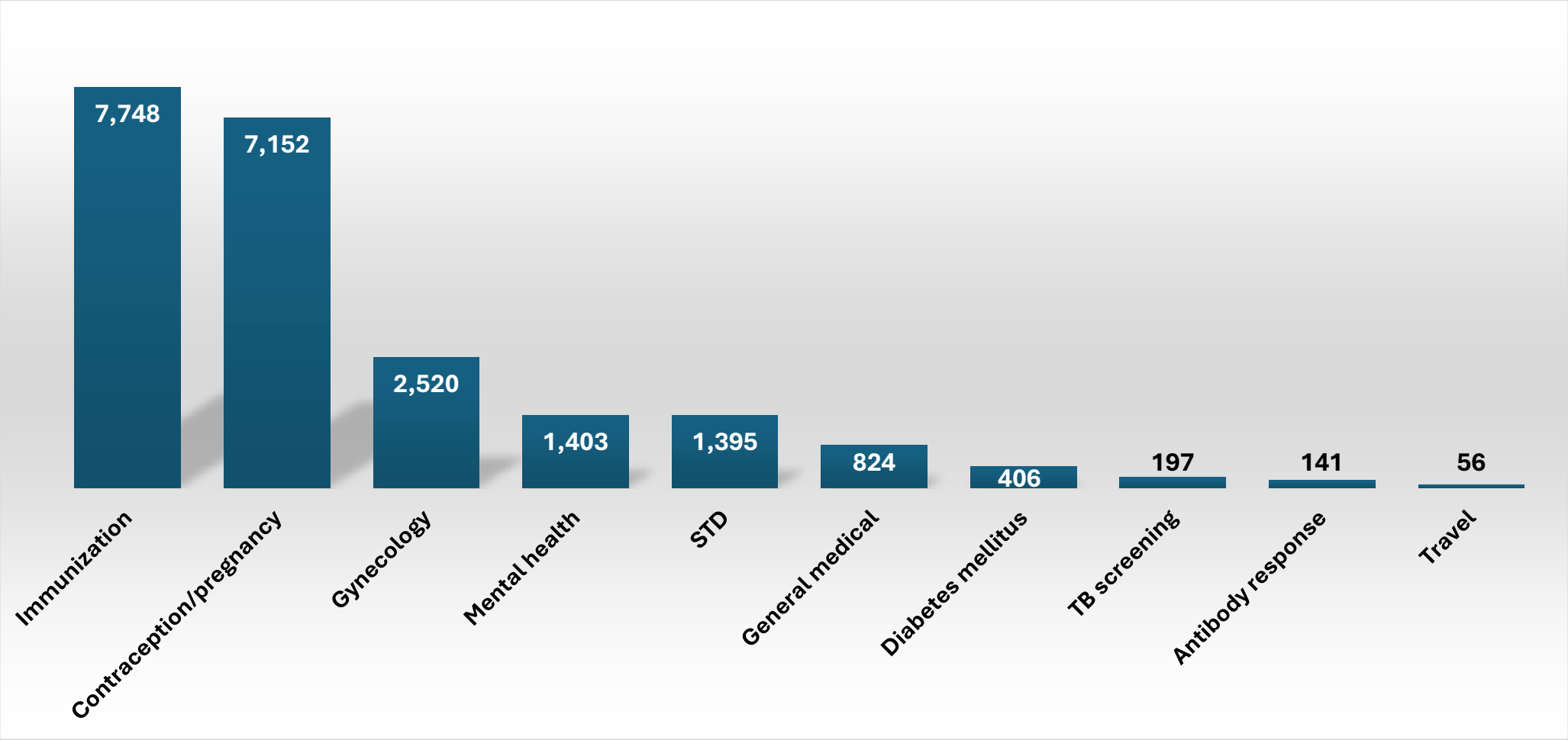
Patient visits (encounters) – episode of service, including office visit, procedure, vaccination, etc. May include multiple CPT codes.

N=7,484

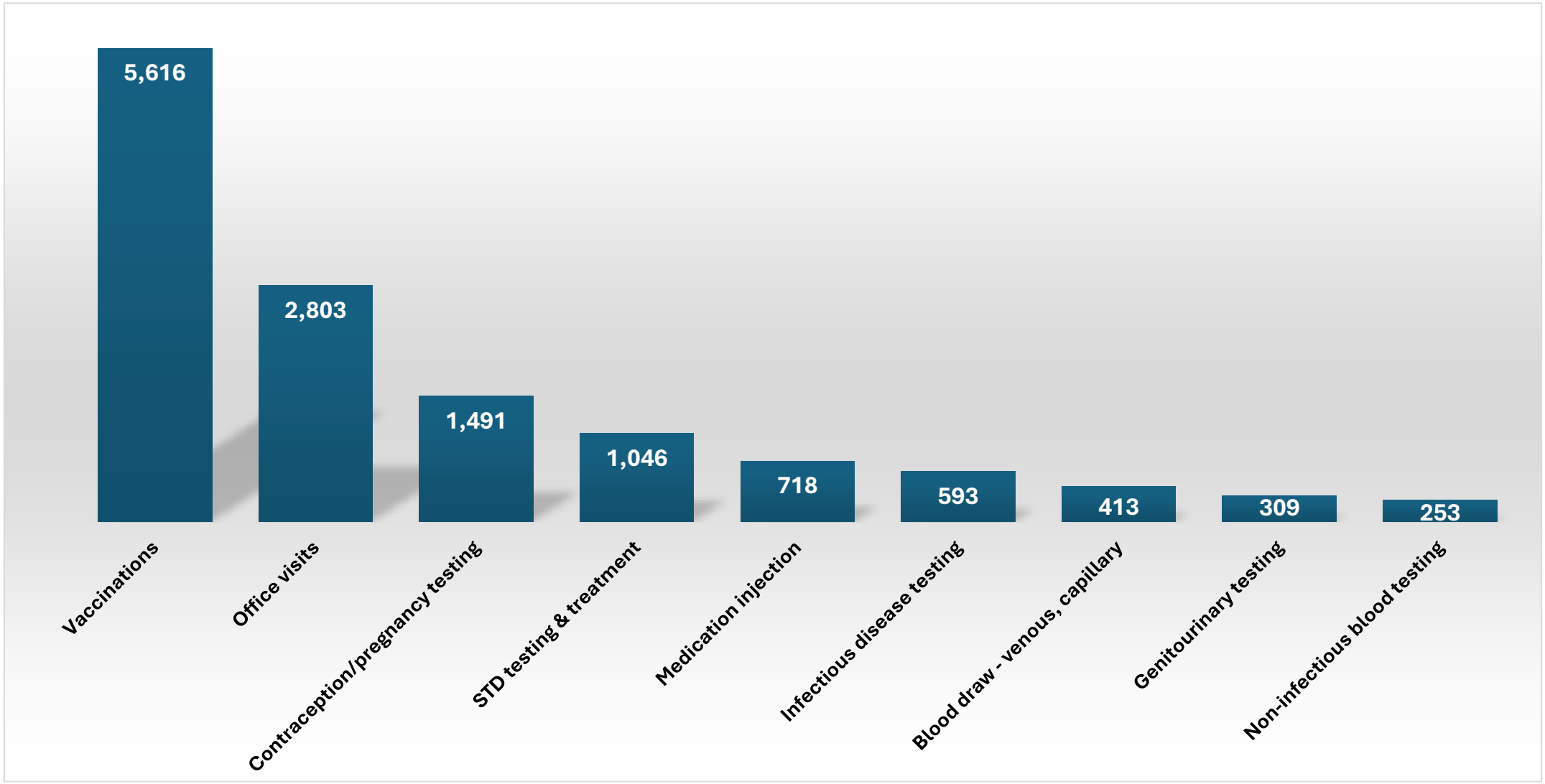
CPT codes – unique billable medical, surgical, diagnostic or therapeutic services

N=14,537

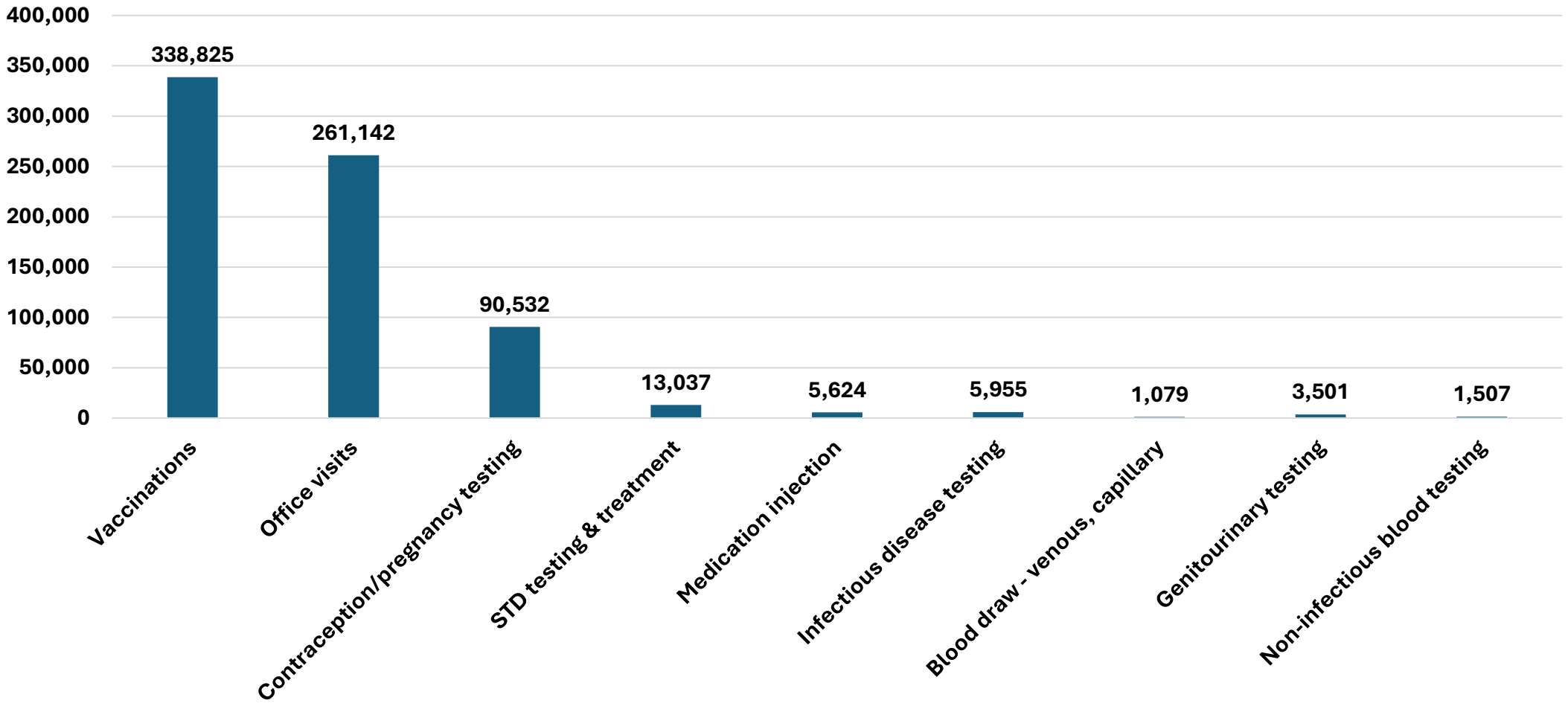
Top ICD-10 Code Groups by Count (FY25)



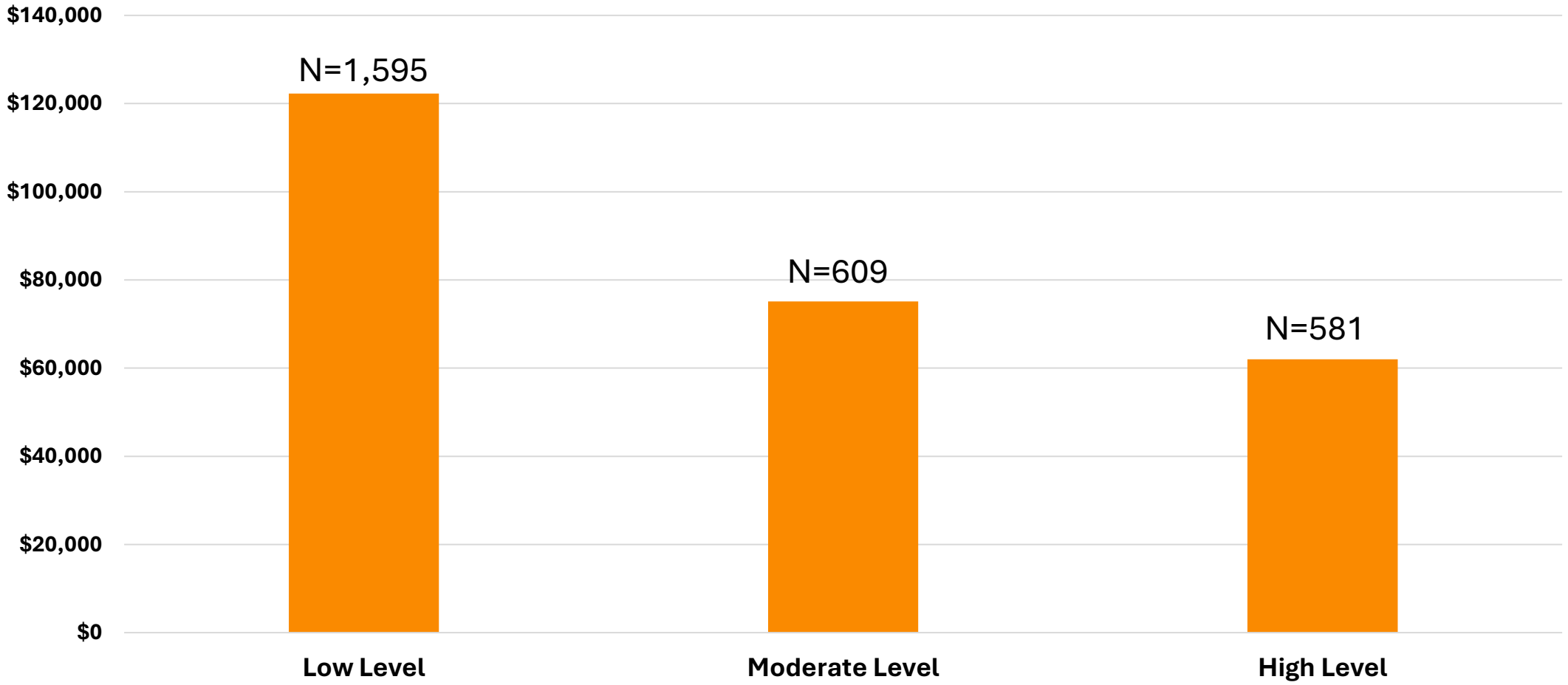
Top CPT Code Groups by Count (FY25)



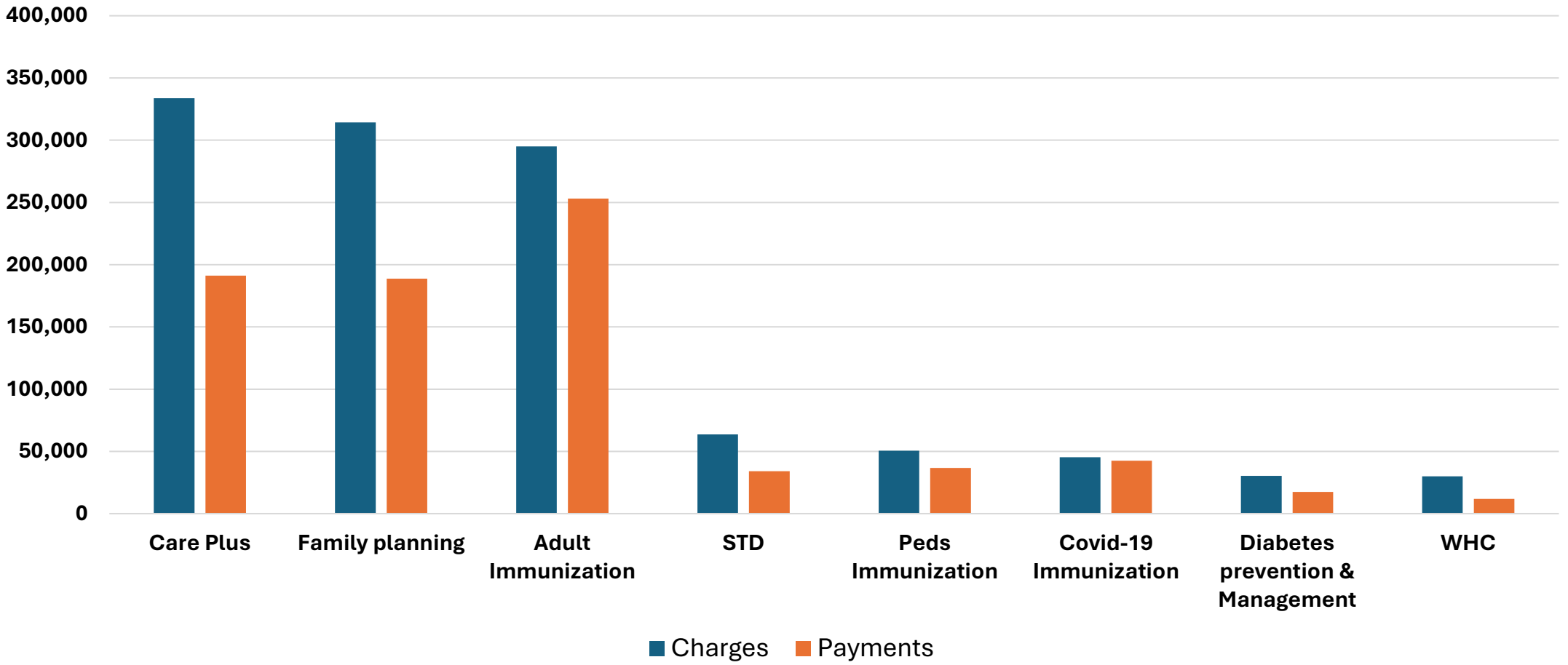
Revenue per CPT Group in Dollars (FY25)



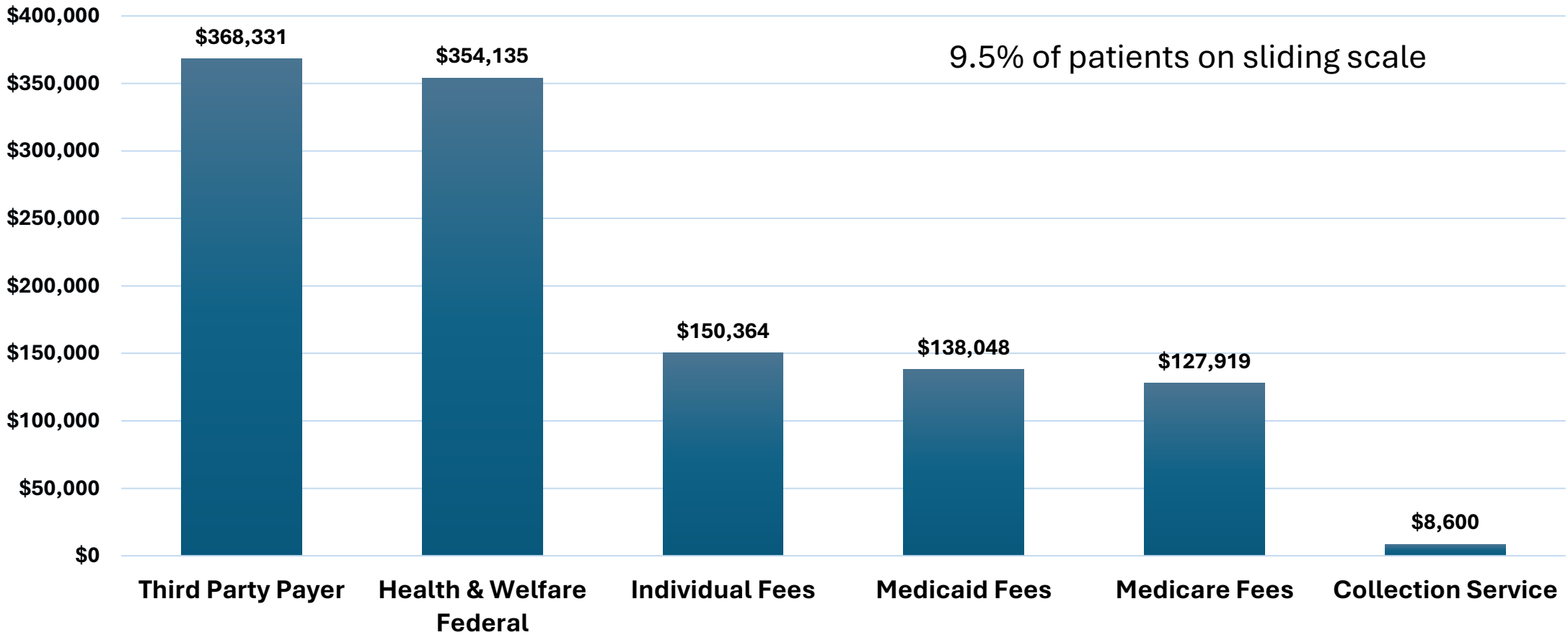
Complexity of Office Visits (FY25)



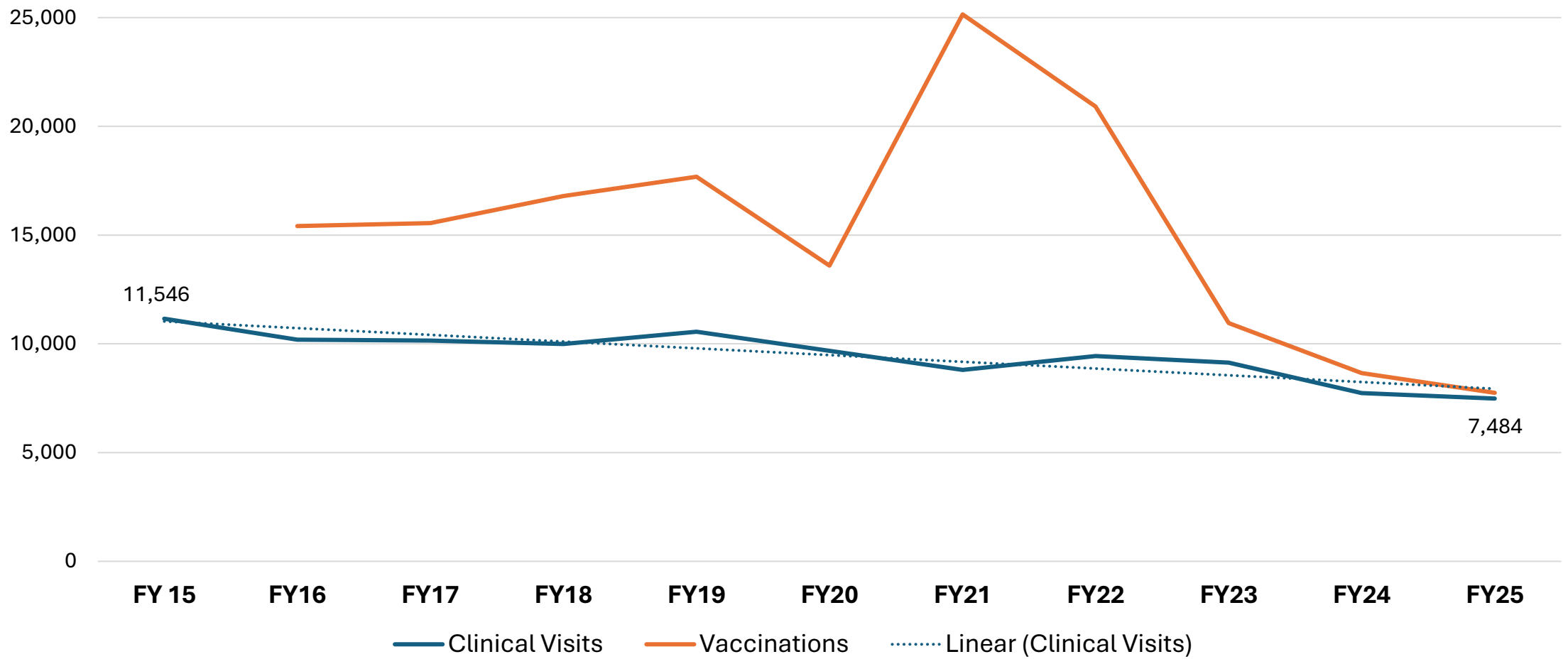
Charges & Payments per Program in Dollars (FY25)



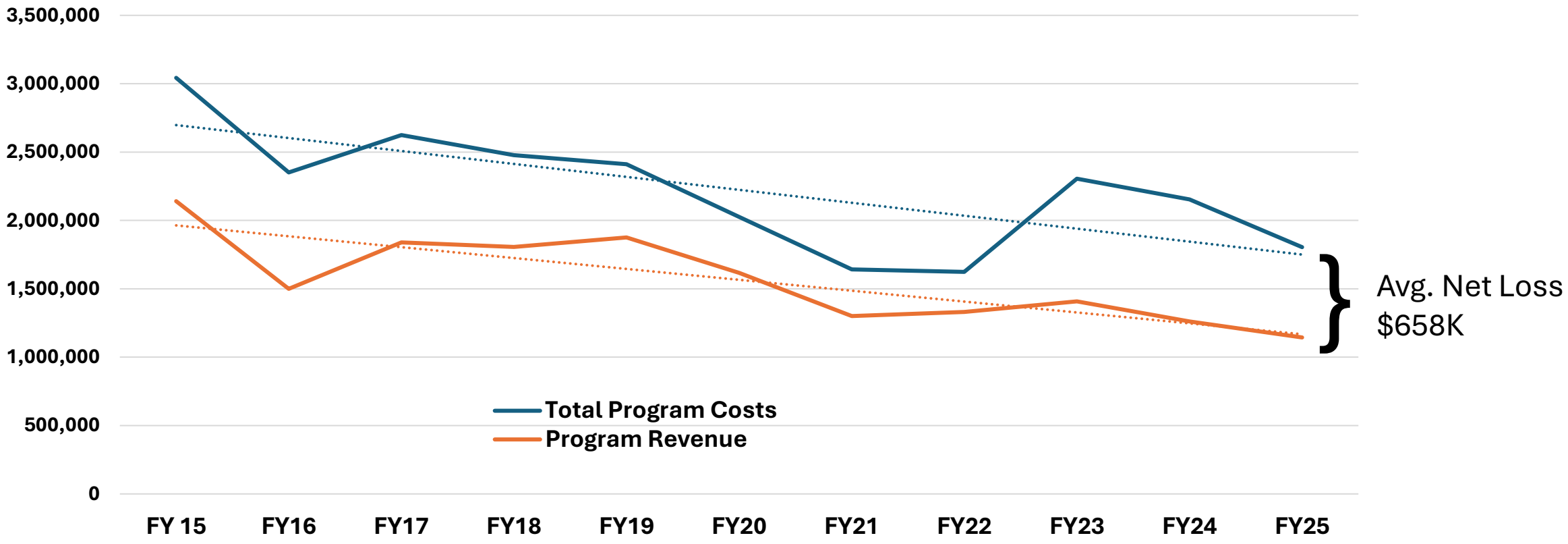
Clinical Services Sources of Revenue (FY25)



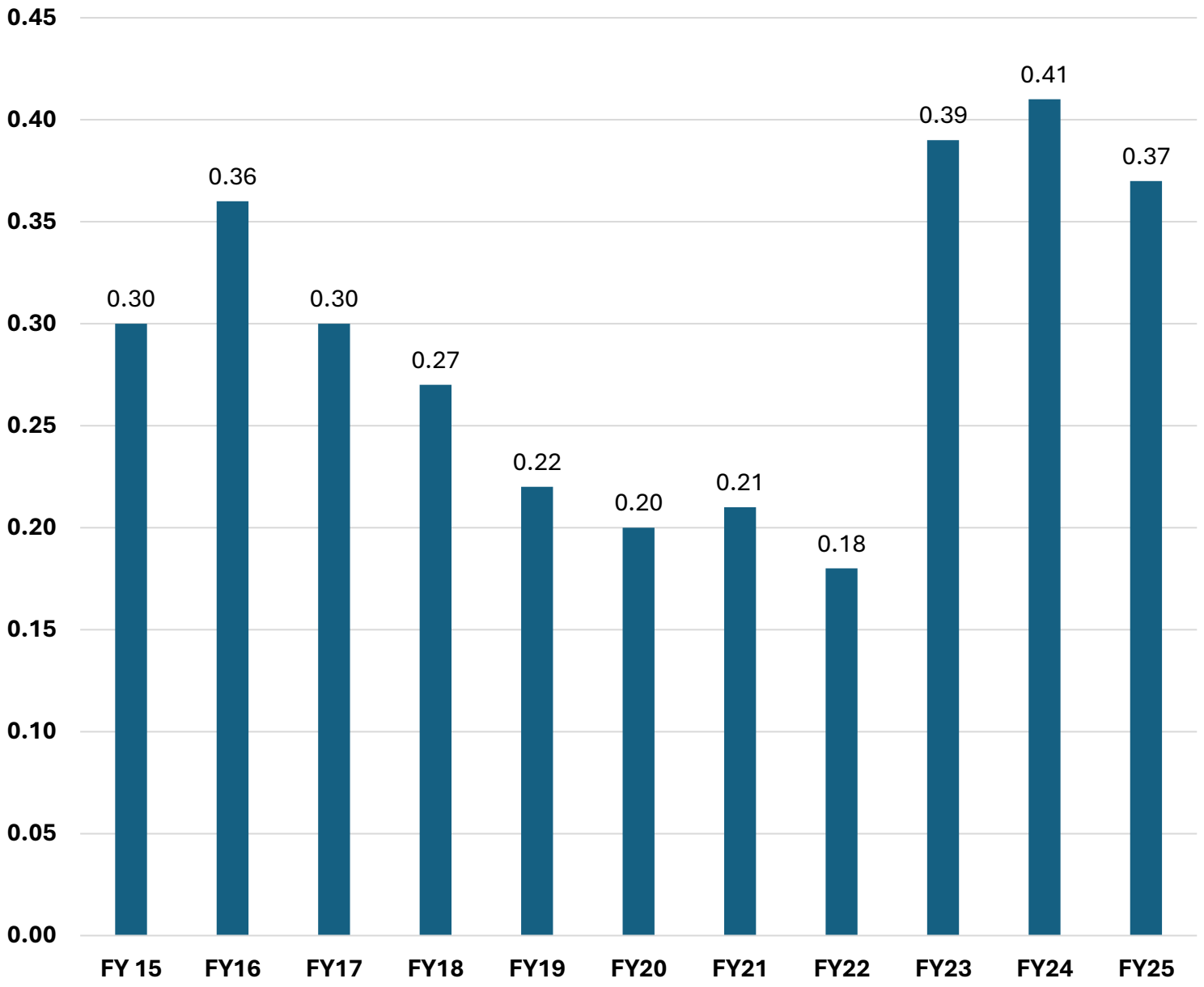
Clinic Visits and Vaccinations (2015-2025)



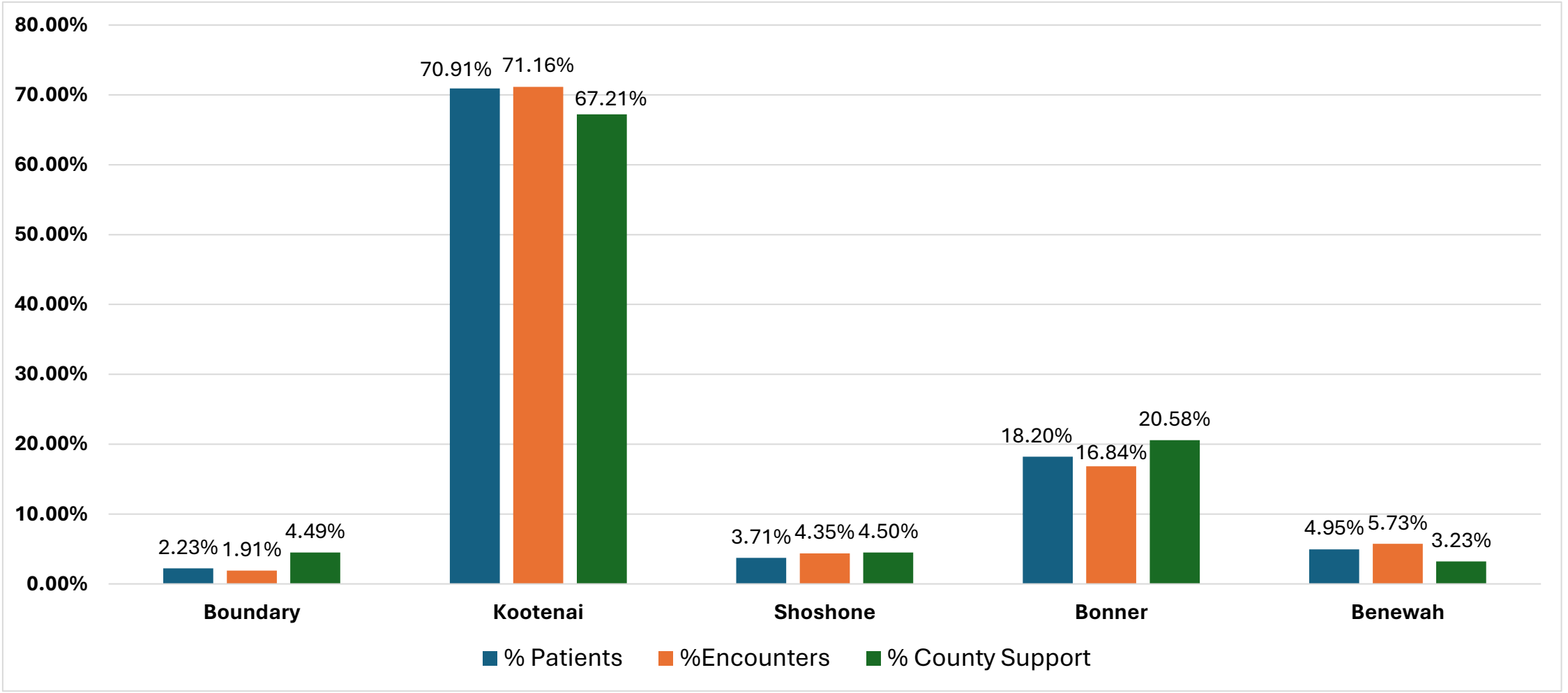
Clinical Services Costs & Revenues in Dollars (2015-25)



Proportion of County Support for Clinical Services over Time

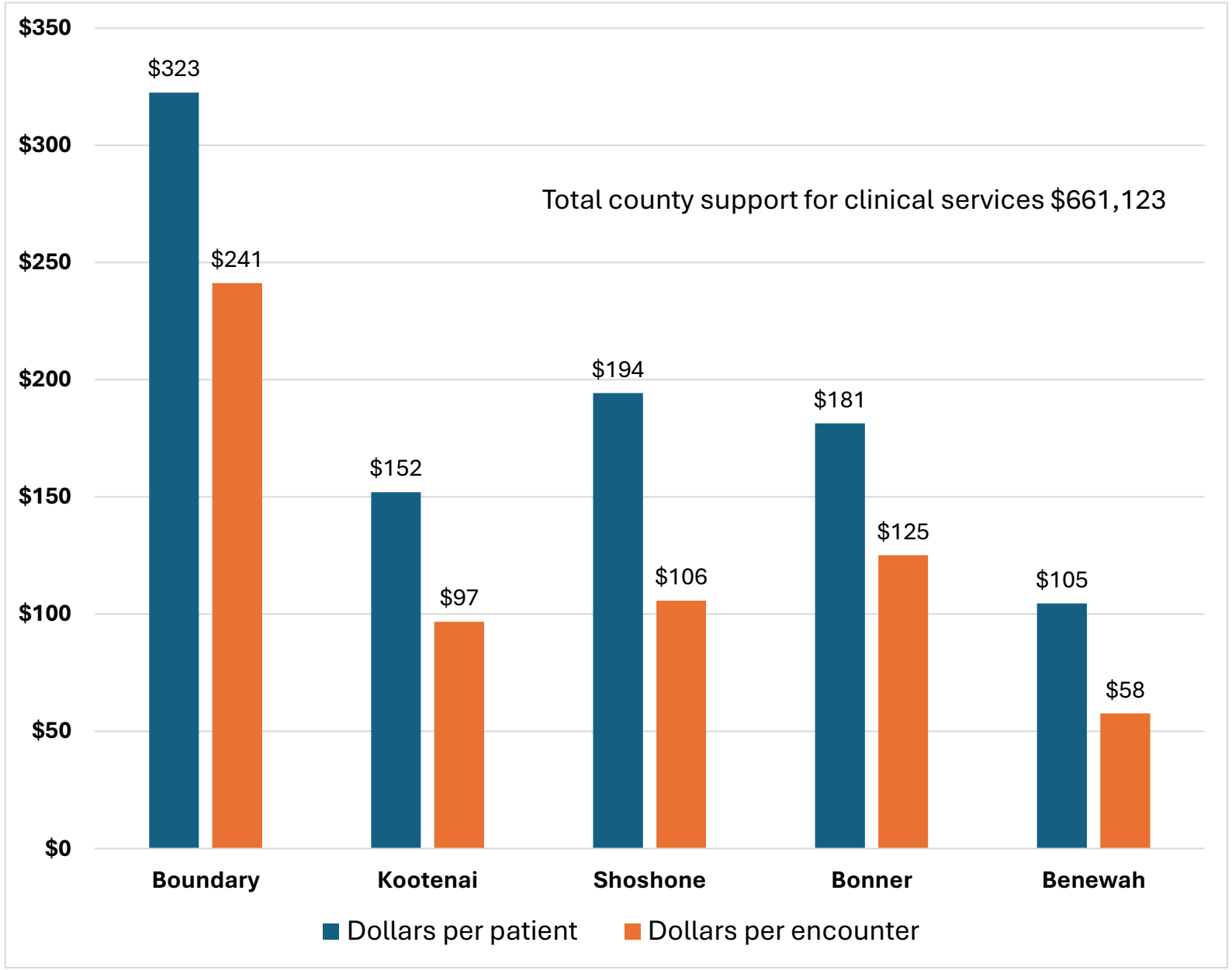


Percentage of Unique Patients (N=4,122) & Encounters (N=6,452) by County vs. County Support (FY25)



County Dollars per Patient and Encounter, FY25*

*Assumes only clinical service shortfall (net loss) goes toward clinical services



Estimated Cost of Services

- Moderate level visit (99214)
  $80-$95
- Low level visit (99213)
  $55-$65
- Urgent care visit
  $150-$300 cash price
- ER visit (treat and release)
  $2,500-$3,000 without insurance
- Average DRG hospitalization
  $9,800 – $10,800

  (Range: $5,000 – $30,000+)

Source: Grok

Other Findings (data not shown)

% female patients:	70%
Few pediatric patients:	<10%
Accounts receivable:	75% of AR is <30 days, 3% >120 days

~95% of patients surveyed are satisfied with their care and ~98% say that they would refer family or friends. Source: Solution Reach

Clinical staff

Position	Current FTE	Budgeted
Medical Doctors (MD/DO)	0.0	0.0
Nurse Practitioners (NP)	2.0	3.0
Registered Nurses (RN)	0.0	2.0
Licensed Practical Nurses (LPN)	0.5	--
Medical assistant (MA)	0.5	3.0
Epidemiologists	2.0	2.0
Clinical manager	1.0	1.0
Biller/collector	1.5	1.5
Front desk	4.5	5.5

Reasons for Understaffing

- Difficulty with recruiting and retention
- Low salaries, relative to region
- Position marketing difficulties
- Limited training programs from which to draw
- Rural setting
- Lack of leadership or experience in hiring healthcare professionals

Comparative Salaries for Region

	PHD 83%	Range 83%-Max	Avg. Northern ID	Range	Spokane	Range
Physician Public Health (MD/DO)	189,280	189K-343K	281,910	250K-450K	302,270	260K-450K
Advance Practice Nurse (FNP)	85,280	85K-154K	125,620	110K-150K	136,750	120K-160K
Register Nurse (RN)	66,560	67K-121K	83,060	70K-120K	103,910	80K-152K
Practical Nurse (LPN)	49,920	50K-87K	57,490	50K-85K	70,720	55K-90K
Medical Assistant (CMA)	35,360	35K-62K	42,780	35K-55K	47,450	42K-58K

Sources: PHD HR data, Bureau of Labor Statistics, Indeed, Grok

Strengths of Clinical Services

- Infrastructure in place – buildings, computer systems, IT support, HR, administrative services, etc.
- Ability to generate revenue
- Efficient patient throughput
- Efficient billing/collections
- Good revenue generation, given limited practitioners

Strengths of Clinical Services (cont.)

- Good people, passionate about their jobs
- Staff is working at PHD for the right reasons
- Patients are very satisfied with their care
- Clinical services serve a niche of patients across a spectrum of insurances and payers

Weaknesses of Clinical Services

- Little redundancy in positions – precarious reliance on key positions
- Difficulty with staff retention and recruiting
- Relatively low volume, low revenue which has generally declined over recent years
- Lack of clinical expertise and experience breadth, e.g. no MD/DOs, RNs, NMDs, etc.
- Electronic health record is somewhat outdated
- No certified coders; no wRVU data
- No real attention to insurance or vendor contracts
- Too much reliance on CDC, federal and state agency recommendations, e.g. Idaho Health & Welfare (DHW), Idaho Immunization Program (IIP)

Weaknesses (cont.)

- Medical information is communicated from top down, e.g. CDC, Idaho DHW without local medical input
- PHD communications to public (or practitioners) are typically not reviewed by a clinical person, and not by a local MD
- Historically inadequate clinical leadership in administration and daily operations
- PHD departments tend to be siloed, with little interaction
- EPI focuses almost entirely on communicable diseases/infectious diseases; no outcomes data
- Chronic disease databases are lacking
- Organization-wide culture and focus on vaccination

Threats to PHD Clinical Services

- Difficulty in hiring healthcare professionals – immediate threat!
- Loss of key positions could be devastating
- Increased funding pressure from counties
- Difficulties in obtaining grant money; grant restrictions
- State and federal funding uncertainties
- “Public health is not a good business model.” - doesn’t mean that public health can’t run efficiently or have net revenue positive programs

Conclusions: Clinical Services

Too much emphasis on infectious/communicable diseases
Too much emphasis on vaccinations
Too little emphasis on chronic diseases and prevention
Staff recruiting and retention problem needs to be solved in any future patient care model
Need for physician leadership, on a daily operational level

Conclusions: Clinical Services

- Do I think that clinical services should exist in some form? Yes
- Do I think that the present clinical services model should be restructured? Yes
- Would I rather see healthcare administered through local control than federal control? Yes

Opportunities

Yes, Many

Will be discussed next month