

SYNERGY BILLING

Strategies for Increasing FQHC Provider Productivity

A Comprehensive Guide to Aligning Provider Performance with HRSA Benchmarks and Revenue Growth.



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Introduction

Increasing patient service revenue in an FQHC setting is often tied closely to maximizing provider productivity and optimizing scheduling. HRSA doesn't mandate specific visit numbers per provider but offers guidelines based on benchmarks across similar FQHCs. The recommended benchmarks for patient visits typically suggest that full-time providers (working 40 hours per week) should aim for:

- Primary Care Providers (PCPs): 3,000 to 4,200 visits per year
- Behavioral Health Providers: 1,200 to 2,000 visits per year
- Dental Providers: 2,000 to 3,000 visits per year

The exact targets depend on your patient population, visit type, and the provider's specialty.



Strategies for Increasing FQHC Provider Productivity

Strategies for Boosting Provider Productivity

1. Implement a Demand-Responsive Scheduling Model

- **Flexible Scheduling:** Use open-access or same-day scheduling to accommodate patients who want immediate appointments, which can help fill unused slots and keep providers busier.
- **Optimize Appointment Types and Durations:** Adjust the length of appointments based on service type (e.g., a routine follow-up might be shorter than a new patient exam).
- **Pre-Block High-Demand Slots:** Reserve certain peak times for new patients or same-day needs, while keeping non-peak times open for routine follow-ups. This maximizes efficiency and availability for new patient appointments, which generally bring in higher revenue.

2. Leverage Data for Scheduling and Utilization Management

- **Analyze No-Show Rates:** High no-show rates can drastically impact provider productivity. Use data to identify patients with frequent no-shows and implement reminder systems, or consider overbooking (with caution) during times with consistently high no-show rates.
- **Track Provider Utilization:** Identify patterns in appointment scheduling and provider downtime to optimize the schedule and fill gaps.
- **Use Data-Driven Targets:** Monitor each provider's actual visits versus target, adjusting schedules, hours, or patient types to ensure they align with the productivity benchmarks.

3 Focus on Preventive and Chronic Disease Management Programs

- FQHCs can increase revenue by proactively managing chronic diseases and encouraging preventive care visits. Patients with chronic conditions often require multiple visits per year, which can help keep schedules full.
- Consider implementing care programs focused on diabetes, hypertension, and asthma, as these can generate regular visits for check-ins, monitoring, and education.
- Develop patient outreach strategies that remind patients about routine screenings, immunizations, and wellness visits, as these visits are often reimbursable and contribute to both patient health outcomes and revenue.

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4. Improve Patient Retention and Recall Systems

- **Recall Reminders:** Implement a system that tracks when patients are due for follow-up visits, wellness checks, or annual screenings. Automated systems can send reminders through text, calls, or emails.
- **Engage Lapsed Patients:** Use reports to identify patients who haven't returned in over a year. Contact these patients to encourage them to return, especially if they are managing chronic conditions or are due for preventive care services.

5. Consider Expanding Services

- **Telehealth Options:** For patients who may have trouble coming in for appointments, telehealth can be an option to increase provider access and add convenience for patients, especially for behavioral health or follow-up visits.
- **Specialty Services or Additional Providers:** If demand for certain services exceeds capacity, consider contracting part-time specialty providers (e.g., OB/GYN, dermatology) on a limited basis, or establishing partnerships with local specialists to increase patient service options and satisfaction.



6. Enhance Patient Flow and Reduce Cycle Time

- **Streamline your patient intake and check-out processes** to reduce wait times and ensure each provider can see more patients. Key improvements might include optimizing your EHR system, better managing patient flow, and reducing the time providers spend on administrative tasks.
- **Use medical assistants or scribes** to handle routine aspects of patient visits, allowing providers to focus on patient care, which can reduce visit time and open up capacity.

Strategies for Increasing FQHC Provider Productivity

7. Track Productivity and Adjust Accordingly

- Regularly monitor each provider's productivity against HRSA guidelines and adjust goals based on actual clinic capacity, patient needs, and community demand.
- Use Key Performance Indicators (KPIs) to measure visit numbers, appointment availability, no-show rates, and patient retention rates. Adjust schedules and workflows as necessary to achieve and maintain optimal productivity.

8. Incentivize Provider Engagement with Productivity Goals

- Set realistic but motivating productivity targets and consider incentivizing providers with bonuses or rewards for meeting or exceeding visit targets. Engage them in understanding the importance of optimizing their schedules for the health center's sustainability and service to the community.

EXAMPLE

Example Annual Visit Goals for Full-Time Providers

Assuming an FQHC operates with an average of 220 clinic days per year, you might aim for the following daily visit averages per provider type:

- Primary Care: 12-16 visits per day (yielding ~2,640 to 3,520 visits annually)
- Behavioral Health: 5-9 visits per day (yielding ~1,100 to 1,980 visits annually)
- Dental: 9-13 visits per day (yielding ~1,980 to 2,860 visits annually)

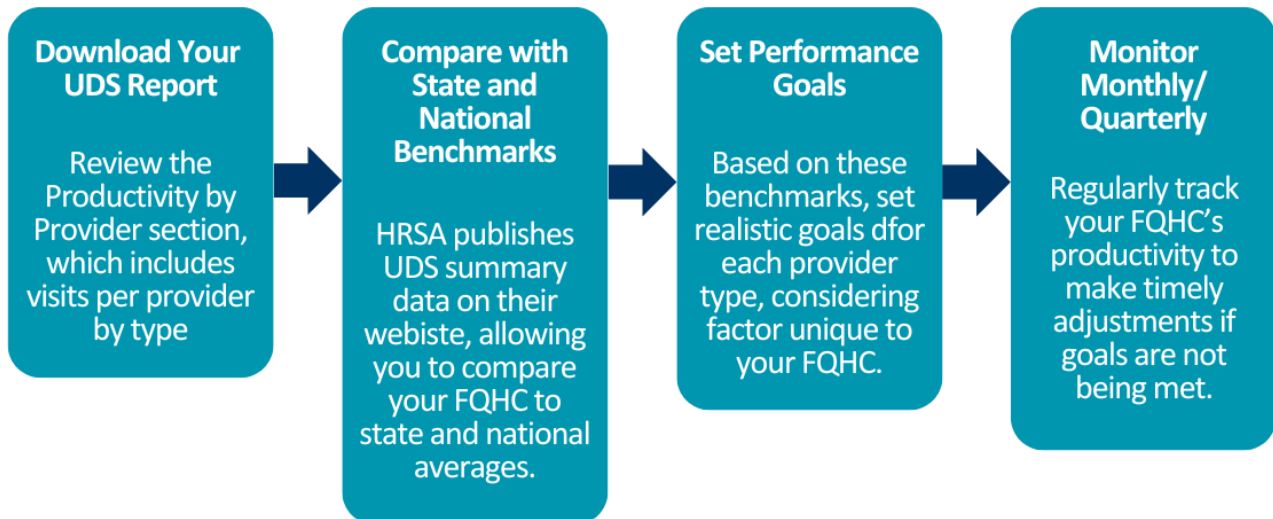
Meeting these targets would align with HRSA benchmarks and support sustainable revenue increases.



Strategies for Increasing FQHC Provider Productivity

Practical Steps for Productivity Assessment

- **Download Your UDS Report:** Review the Productivity by Provider section, which includes visits per provider by type.
- **Compare with State and National Benchmarks:** HRSA publishes UDS summary data on their website, allowing you to compare your FQHC to state and national averages.
- **Set Performance Goals:** Based on these benchmarks, set realistic goals for each provider type, considering factors unique to your FQHC.
- **Monitor Monthly/Quarterly:** Regularly track your FQHC's productivity to make timely adjustments if goals are not being met.



Reference Sites: <https://bphc.hrsa.gov/data-reporting>

Conclusion



Final Considerations

Every FQHC has unique patient demographics and demand, so it's essential to tailor these strategies to your specific situation. Setting clear productivity goals, optimizing scheduling, enhancing patient outreach, and ensuring streamlined operations can significantly increase your FQHC's patient service revenue while improving care access for your community.

However, it's not enough to simply serve more patients—you must also get paid for those services. Your mission depends on financial sustainability, and that requires converting billed encounters into reimbursed revenue. Too often, FQHCs do the work but face delays or denials from insurance payers for visits that should be covered. Holding insurers accountable and navigating complex reimbursement processes is critical. This is where a partner like Synergy Billing becomes indispensable—bringing not only operational expertise but also actionable insights like those presented in this white paper. Our focus is to help ensure that every visit results in timely and accurate payment, maximizing revenue and reinforcing your ability to serve your mission.

The Synergy Billing Solution

Synergy Billing specializes in serving FQHCs, providing tailored RCM solutions that transform billing activities into clear, positive outcomes. By leveraging our expertise, technology, and dedicated focus, we help FQHCs overcome their billing challenges.

Synergy Billing's expertise and dedicated focus on FQHCs ensure that the noise of billing activities is eliminated, allowing for clear, measurable, and positive outcomes.

Outsourcing billing operations to a trusted RCM company like Synergy Billing can transform the financial landscape of your community health center, allowing you focus on their core mission of providing high-quality healthcare to underserved communities.

For more information on how Synergy Billing can help your FQHC achieve these outcomes, contact us today [386.679.4709](tel:386.679.4709) or visit www.synergybilling.com.

Additional resources are available here:

- Blogs and Insights: <https://synergybilling.com/news/insights>
- Ask the Expert the Synergy Billing FQHC Help Desk is a dedicated site where FQHC leaders can get answers from trusted experts. Each question asked and answer provided by The Synergy Billing Help Desk serves to enrich the collective knowledge base and empower other FQHC leaders. Please note this FREE Service is reserved for the FQHC Community. <https://go.synergybilling.com/expert-advice>



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