

Business Process Improvement in Voluntary Health Clinics: Using God's Economy to Implement Solutions

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ABSTRACT

Business process improvement in voluntary health clinics remains largely unstudied, specifically when the patient base is Amish. The study discussed in this poster culminated in a customized business process improvement methodology used to improve efficiency that enabled effective patient flow and created the capacity to manage the growing patient demand for one voluntary health clinic. The poster depicts the empirical research conducted at Unfailing Love Clinic (ULC), including recommended solutions and how God's economy impacted the implementation.

INTRODUCTION

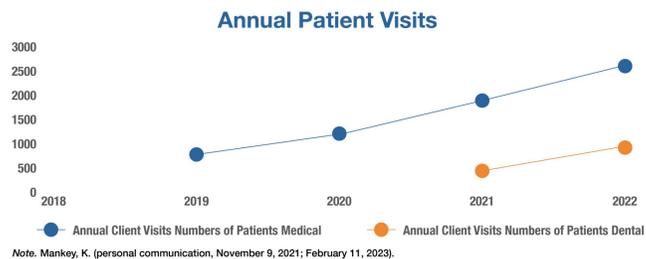


Annual healthcare costs to care for the uninsured exceed \$9 billion with more than \$7 billion of that cost being paid for by taxpayers (Coughlin et al., 2021).

Huber (2020) reports the Amish population (~350,000 in 2020) has almost doubled since 2000. Data suggests the growth will continue along the same trajectory, and the Amish population could be close to one million by 2050 (Huber, 2020). ULC is the only non-government sponsored, free clinic in Decatur (Free Clinics, 2022).

ULC has experienced significant growth in patient demand in the last few years and strives to expand patient access to healthcare services within the clinic (see Figure 1).

Figure 1
Unfailing Love Clinic Patient Visit Data 2019 – 2022



OBJECTIVE

The study was conducted to explore and monitor the end-to-end processes at ULC, including the level of efficiency and patient flow effectiveness. The intended outcome of this study was to examine how the current processes could be improved to enable greater efficiency to create capacity and better facilitate expansion of healthcare services.

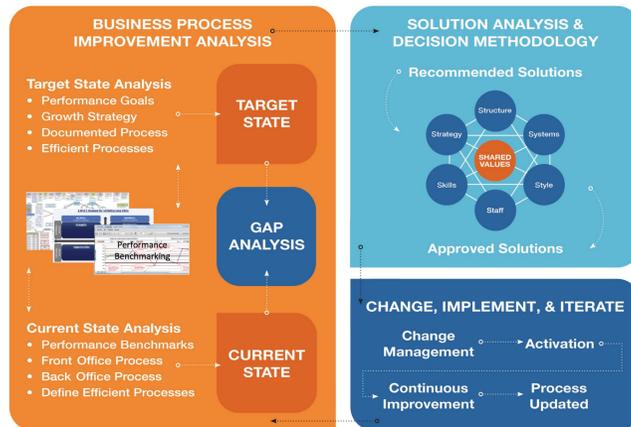
DRIVING RESEARCH QUESTION

What can ULC do to improve business process efficiency that enables effective patient flow and creates capacity to manage the growing patient demand?

RESEARCH METHODOLOGY

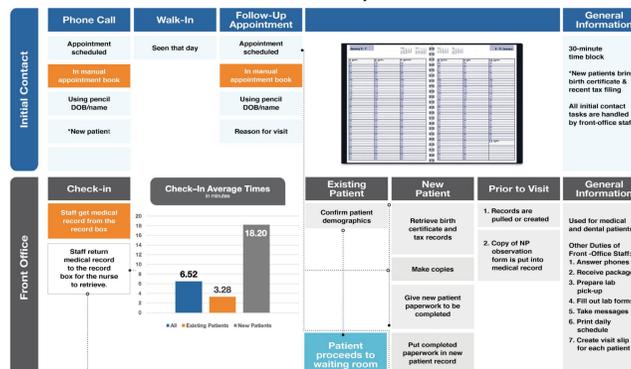
A customized methodology framework was created to examine the business process, identify opportunities, and evaluate potential solutions (see Figure 2). The human performance technology model guided the customized framework to include a gap analysis, multi-perspective evaluation of solutions, and ultimate identification of the optimal solutions. Each potential solution was evaluated using the McKinsey 7-S framework including alignment with the clinic's spiritual capital and a risk assessment. The current business process was evaluated and documented using a mixed-methods approach, capturing current processes via a value stream map, identifying process gaps, and conducting a time study by observing 30 clinic patients as they naturally flowed through the clinic. Figure 3 depicts the initial contact and front-office value stream.

Figure 2
Customized Performance Improvement Model



Note. Customized performance improvement model modified from Van Tiem, D. M., Moseley, J. L., & Dessinger, J. C. (2012). *Fundamentals of performance improvement: Optimizing results through people, processes, and organizations* (3rd ed.), 43. Copyright 2012 by John Wiley and Sons; Waterman, R. H., Jr., Peters, T. J., & Phillips, J. R. (1980). *Structure is not organization*. Business Horizons, 18. Copyright 1980 by Elsevier.

Figure 3
ULC Process Flow Value Stream Map



Note. The value stream map identified key findings that were further analyzed to recommend solutions. The process depicted is conducted with seven full-time staff and a varying number of volunteers.

KEY FINDINGS

- 90% of the patients observed were Amish
- One check-out desk exists for both medical and dental patients
- Appointments are manually scheduled and accessible in one area of the clinic
- Faxes are completed using a single iPad
- No communication vehicle exists in the exam rooms
- Heavily used forms were not available in the exam rooms
- Patients are scheduled for 30 minutes with the NP, an average of only ~20 minutes was used per patient

AVERAGE TIME WITH A NP
21.17 MIN

AVERAGE TIME AT CHECK OUT
3.52 MIN

AVERAGE TOTAL VISIT TIME
39.78 MIN

GOD'S ECONOMY

In 1 Timothy 1:1–5, Paul describes God's economy as sincere faith. As the research followed ULC, many examples of sincere faith were presented, and God answered prayers to provide. The most significant example of God's economy at work happened as this study was conducted. A community member, who had been praying with the clinic director and staff to pay off a high-dollar debt that would increase the following month, came in to see the clinic's work and the progress on the building. Before leaving the clinic, the gentleman committed to a large donation covering the entire debt. Paying off this debt created the financial capacity to implement some of the solutions recommended in this study.



RECOMMENDATIONS

A literature review resulted in a list of potential solutions that were analyzed using a McKinsey 7-S framework to prioritize the list. The framework informs how each solution solves the driving research question and how strongly it aligned with ULC. Each solution was examined using the 7-S framework and a spiritual capital component. As a Christian organization, this is a critical factor for ULC and was considered for each solution when determining how it aligns with the organization. The prioritization resulted in a recommendation to implement four solutions in the short term:

- LAB ORDER FORMS IN THE EXAM ROOMS.
- INCREASE VISIT TIME SLOTS.
- ADD PHONE AND FAX LINES ACROSS THE CLINIC (INCLUDING EXAM ROOMS AND CHECK-IN/OUT).
- OPEN A SECOND CHECK-OUT LOCATION.

REFERENCES

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