Table 5: Staffing and Utilization

Course Introduction

Welcome and thanks for dropping by to learn about Table 5: Staffing & Utilization.

Please click the START button to begin.

Welcome

I'm Kelly, your UDS Report expert, and I'm here to help you complete Table 5. This table is important to develop an understanding of staffing ratios or (the ratio of support staff to providers), panel size or (number of patients per provider), continuity of care or (number of visits per patient), and, in combination with financial tables - determine service costs or (the charges and collections per visit).

Introductions

Let's start with introductions.

- If you'd like, please let me know who you are by typing your name in the box. This information is just used as we interact during this session and is not saved.
- If you don't want to enter your name, just click **Sign In.**

Get Started or View Navigation

If you've been here before and know how to use the navigational features, you can go straight to the training by clicking on the **LET'S GET STARTED button**.

If you'd like to learn more about our training's navigational features - click on the **HOW TO NAVIGATE button** to continue.

Navigation

Navigation: Table of Contents

Before I go on - if you are interested in hearing the audio narration, please be sure to adjust your computer speakers so that you can hear me.

Also ON THE LEFT of the screen, you'll see a tab that says "TABLE OF CONTENTS." You can use this tab to go anywhere you want within this course. You may find it useful if you want to review something specific about Table 5. In that case, you can just click on any of the topics listed and jump to that particular section of the course. If you would like an overview that covers all the topics, just stick with me.

Navigation: Play, Previous, Next

AT THE BOTTOM of the screen, you'll see a control bar with navigation controls and buttons that will let you adjust your viewing experience:

- If you want to stop the video, just hit the play button once (to pause), then hit it again to resume.
- You can also slide the progress bar to the left if you would like to repeat some of the material, or slide it to the right to jump ahead.
- To go to the slide just before or to proceed to the next slide, use the buttons to the right of the control bar labeled “PREVIOUS” and “NEXT.”

Navigation: Resources, Exit

There are several links AT THE TOP RIGHT of your screen:

- If you click on the RESOURCES link, you will see additional files and links to websites that will help you in completing your Report; and
- When you're done, click on the EXIT link, and you will exit the course entirely.

Navigation: Icons

Throughout the course, you will see icons that you can click on to:

- View or print the UDS tables;
- Refer to the UDS Manual;
- See helpful hints that should help you with your UDS Report; or
- Take you to a Case Study example to see how all of the UDS data works together.

One last thing before we begin - if you need to leave this training early and return to it later, you can do that. When you come back next time, we will remember where you left off and ask you whether you want to continue from there or start again from the beginning.

I think that covers the details about how to move through the course. Let's get started!

Table 5 Training

What is Table 5?

As we start, if you would like to see a close-up of this table, please click on the VIEW THE TABLE icon IN THE LOWER RIGHT OF THE SCREEN to view (and even print out) Table 5.

You may find it helpful to have it available to you as we go through the training.

What is Table 5? Well, let's talk about that next.

What is Table 5?

Table 5 is part of the Staffing & Utilization Profile for the UDS Report.

Every health center will complete it each year as part of their Universal and Grant Reports. If you receive two or more 330 grants, you will also complete a separate Grant table for each of the special population funding streams you have (for the grant reports, only columns b and c will be reported).

What is Table 5?

In Table 5, you will provide information about your health center's staff, the number of visits they render, and the number of patients served by major service category.

Why Are These Data Important?

The Bureaus of Primary Health Care or (BPHC) and Health Workforce (BHW) use data from Table 5 to assess staffing ratios and cost per FTE, continuity of care, and service cost, charges, and collections per visit. This information can also be important to you locally. You may want to use this information to look at the number of visits being generated per provider, or look at the average number of visits per patient.

How you use this information is up to you. It is all available to you, so remember it as a resource that can help support your work!

How Can This Training Help Me?

Given the importance of the data and its variety of uses, we're looking forward to spending this time together to help you report as accurately and as efficiently as possible!

After this time focusing on Table 5, we hope that you will be ready to:

- Report staff, visits, and patients by major service category.
- Calculate staff Full-time Equivalents or (FTEs) by position and major service category.
- And, make sure the data you report on Table 5 are consistent with the information you provide on the Patient and Clinical Profile tables.

Ideally, you will be able to use what you learn here today to make the data submission and review process easier on you and your staff. For example, by knowing how Table 5

relates to information reported on other tables, you'll be able to cross-check data on your UDS Report and make changes if you see problems, **before** you submit it for review!

Key Terms

Before we get into the details of the numbers, let's go over some of the key terms that will be important to understand this table.

- As with many of the UDS tables, we will talk about "visits." You can read about how a visit is defined in detail by clicking on the UDS Manual icon. But briefly, a "visit" is a face-to-face contact between a patient and a provider during which the provider exercised independent, professional judgment in the provision of services. To be included as a visit, the services must have been documented in the patient's health center chart.
- As we've already mentioned, you will be reporting about "patients" on Table 5 as well. A patient is someone who had at least one reportable visit during the reporting year.

Key Terms

- We will also talk about "full-time equivalents" or "FTEs" quite a lot in this table. What is an FTE? Well, 1 FTE is the equivalent to one person working full-time for a full year.
- You'll also hear us talk about "Service Categories," which will refer to categories that reflect the types of services provided by your staff. We will cover these later in the course, but briefly, the major service categories include: medical care, dental, mental health, substance abuse, vision, other professional services, pharmacy services, enabling services, other program related services, quality improvement, and facility and non-clinical support staff.

Table 5: Step-by-Step Instructions

With that overview and an idea of how you're feeling about Table 5, let's go ahead and jump into the step-by-step instructions on how to complete it accurately and make it an easier task for you this year.

Table 5- Staffing and Utilization

I'll start by giving you an idea of how the table is laid out before we go into the specifics. Some of these tables are pretty long, and parts of them can be difficult to see on the screen. Remember, you can click on the VIEW THE TABLE icon IN THE LOWER LEFT OF THE SCREEN to view and print a copy of Table 5.

You will report three things on Table 5:

1. First, in column a, you'll report the Full-Time Equivalents (or FTEs) for health center staff;
2. Second, in column b, you'll report the number of visits performed by each type of position; and
3. Third, in column c, you will report the number of individuals who have had at least one qualifying visit during the reporting year.

Did You Know: Table 5 Troubles

If you struggled a little bit with Table 5 last year, you're not alone. Did you know that, in a recent reporting year, almost half of the UDS Reports submitted had to have corrections made on Table 5?

Remember, what we hope to accomplish through this course is to make the data submission process smoother for everyone, while still getting accurate and complete data that can be used to support your programs!

Table 5- Staffing and Utilization

Then, on each line (or row) in the table, you'll report information for each personnel type, by a **major service category.** These include:

- Medical care;
- Dental;
- Mental health;
- Substance abuse;
- Other professional health services;
- Vision;
- Pharmacy;
- Enabling services;
- Other programs or services;
- Quality improvement staff; and
- Non-clinical support & facility.

For the purposes of our training today, we use the portion of the table covering the "medical care" service group; however, you will report the same information on Table 5 for **each of the service categories.**

Table 5- Staffing and Utilization

While most of the information you will report on Table 5 falls under one of the major service categories, some important supplemental programs and services do not. For those lines, you will only need to report the staff FTEs (in column a) and will not need to report visits or patients. For more detailed information about any of these lines, please click on the icon to view the manual. Let's go through each of those lines together.

On Line 23 (pharmacy personnel), we will ask you to report the FTEs for pharmacy staff (for example, pharmacists-including clinical pharmacists, pharmacy technicians, assistants, and other supporting pharmaceutical services).

Table 5- Staffing and Utilization

Although almost all roles at a health center involve some form of quality improvement, there may be some staff at your health center that have specific responsibilities related to the design and oversight of quality improvement activities. These will be staff who have all or most of their time dedicated to this role, and they could be people with clinical, IT, or research backgrounds. Clinicians who are involved in the QI process but still see patients should not be included here, as no visits are recorded for this position.

Table 5- Staffing and Utilization

And, Lines 30a-32 are used to report about your non-clinical staff. This would include administrative, fiscal and billing, IT, facility, and patient support staff.

Let’s Talk More About Grant Reports

I mentioned, at the beginning, that Table 5 is part of all health centers' Universal Reports, but that parts of it are also included in Grant Reports completed by centers that receive more than one type of Health Center Program grant funding.

Let me explain a little more about that now.

Universal and Grant Reports

For Universal Reports - you will report the information we just mentioned (staff FTEs, clinic visits, and patients) in columns a through c; and

For Grant Reports - you will only report information in columns b and c (clinic visits and patients).

Universal and Grant Reports

So, if you receive more than one type of Health Center Program grant funding, you will need to complete columns b and c for each special population group:

- Migrant;
- Homeless; and
- Public Housing.

When you do, you should report all patients who are served by the special population grant program and include all the visits the patient receives, whether or not the services are specifically funded by the special population grant program.

Universal and Grant Reports

For example, if you receive both Community Health Center and Public Housing funding, you would complete:

- A **Universal Report** - containing all patients served by all funding streams (including the Public Housing population); **AND**
- A Public Housing **Grant Report** - containing only patients served by the Public Housing program.

Public Housing Grant Report

That means that you will need to include patients who:

- Received any services funded by the Public Housing program, even if some part of those services were paid for by other sources (for example, Medicaid, or a Community Health Center grant).

Public Housing Grant Report

So, if one of your patients:

- Had a dental visit funded by the Public Housing grant; and
- Received enabling services funded by the Community Health Center grant;
- You would report them on the Grant Report as having received **both** dental and enabling services.

Table 5-Staffing and Utilization

OK, so now we will walk through how to report information for each of the three columns on Table 5. You will use the first column, column a, to report the full-time equivalents (or FTEs) for health center staff in each of the major service categories. You'll do this:

- First, by reporting the FTEs for all staff members on the line that fits the position

or job function listed on that line. For example, you'll add up all of the FTEs for all of your Family Physicians, and report that on Line 1 (Family Physicians).

Table 5- Staffing and Utilization

- Then, by adding up all of the FTEs for that **personnel type** (for example, physicians) and report the subtotal for the entire **personnel group.** For example, you'll add up the FTEs on Lines 1-7 (Family Physicians, General Practitioners, Internists, and others) and report the subtotal on Line 8 (total physicians).

Notice that the table tells you exactly which lines you will need to add up.

Each Agency Defines “Full-Time”

Since we're on the subject of FTEs, you might remember that, earlier, we defined 1.0 FTE as the equivalent to one person working full-time for a full year.

What do we mean by full-time? Well, that's something that each organization will determine for themselves. It might even be defined differently for different positions.

- For example, some organizations may base a full-time position on a 40-hour work week (or 2,080 hours per year). Others may base full-time on a 36-hour work week (or 1,872 hours).
- The number of hours that make up an FTE might be different for a pediatrician and an outreach worker.

Let me see if I can give you an example.

Full-Time can Differ, Depending on Position and Your Policies

So, we know that not all of your staff may work the same number of hours, but are still considered full-time, right?

To calculate the FTEs for positions that have different time requirements, you'll base it on the number of hours a person in a particular position is expected to work. In other words, if your full-time physicians are expected to work 36 hours a week, then you would report a physician who works 18 hours a week as 0.50 FTE. The fact that your nurses may work a 40-hour week is not relevant, you just need to look at the requirements for a physician when determining FTEs for your physician personnel.

Exempt vs. Non-Exempt

Also, there may be differences among the types of staff you employ. Some employees may be considered "exempted" from overtime pay (most commonly administrative, executive, and professional employees) and others "non-exempt" or entitled to overtime pay under the Fair Labor Standards Act. How you calculate their FTEs will differ slightly

here, too.

So, when calculating FTEs:

- For exempt health center staff - you will base it on their employment contract or base number of hours for that position.
- For non-exempt employees - you will base it on the number of hours for which they are paid. For example, in an organization with a 40-hour work week, a person who works 20 hours a week is reported as 0.50 FTE.

FTEs are Calculated By

Now that we discussed what you should include when reporting FTEs, let's go over how to actually calculate FTEs for your health center staff. Simply put, you will divide the total hours a staff person was paid for the year by the expected full-time hours for that position.

Remember, you are calculating **annualized FTEs,** so you need to calculate them based on your staffing throughout the reporting year.

So, do not forget to include:

- People who worked part-time during the year. For example, if your center has a 40-hour work week (2080 hours per year), you would report a person who works 32 hours per week as 0.80 FTE.
- Also include people who worked for you during the year but are no longer there. For example, someone may have worked for you full-time, but they only worked half of the year. In this case, you would report them as 0.5 FTE.

Let’s Look at an Example from North Side

Let's walk through a calculation together using the North Side Health Center as an example.

Let's say North Side has a resident who is contracted to work 240 hours in the course of the year; and that a full-time doctor at the center works 1,784 hours per year (adjusted for vacation, holidays, and continuing education).

You would calculate the resident's FTE by:

- Dividing 240 (the resident’s total worked hours);
- By 1,784 (the hours considered full-time for a health center doctor); and
- Report the resident at 0.13 FTEs.

Seems easy enough, right?

Let’s Take a Break and See What You’ve Learned

Let's take a quick break and see what you've learned so far about how to report information on Table 5.

How many FTEs Should be Reported for the 3 Physicians?

We'll take our last example a little further-let's say that North Side has:

- 3 physicians and they each work a 30-hour week (considered full-time for physicians);
- And, full-time administrative staff are required to work a 40-hour week.

How many FTEs do you think North Side should report for its three physicians?

- 3 FTEs which is (1 FTE for each physician); OR
- 2.25 FTEs which is (0.75 FTEs for each physician).

Answer: 3

Feedback When Correct:

The expectation for physicians is to work 30 hours a week; so, that is full time for that position. So, they would report 3 FTEs for the physicians on Table 5.

Feedback When Incorrect:

They would report 3 FTEs for the physicians on Table 5. The expectation for physicians is to work 30 hours a week; so, that is full time for that position, regardless of the requirements for other positions.

North Side Needs Your Help

You're doing great. Let's see if you can help North Side complete the medical section of Table 5. In this example, North Side reported Family Physicians at 1.40 FTEs; and Obstetrician/Gynecologists at 0.02 FTEs.

Based on that information, how many FTEs should they report on Line 8 (Total Physicians)?

You can enter your answer in the space provided on Line 8, then click SUBMIT to check it or just click the SHOW ME button on the screen to see the answer.

Answer: 1.42

Feedback When Correct:

Perfect! You would add 1.40 Family Physician FTEs (from Line 1) to 0.02 OB/GYN FTEs

(from Line 4) and enter 1.42 total physician FTEs on Line 8.

Feedback When Incorrect:

Sorry, no. Remember, follow the directions on the form, it will tell you which lines you need to add together to come up with your subtotal.

Show Me:

You would add 1.40 Family Physician FTEs (from Line 1) to 0.02 OB/GYN FTEs (from Line 4) and enter 1.42 total physician FTES on Line 8.

North Side Needs Your Help

They also reported 1.02 FTEs for Nurse Practitioners. With no other Nurse Practitioners, Physician Assistants, or Certified Nurse Midwives on lines 9a-10, they would see that they just need to enter that subtotal again on Line 10a (which is the total for those three personnel types).

Let's keep going.

North Side Needs Your Help

In the next set of categories, North Side reports:

- Nurses at 1.00 FTEs;
- Other Medical personnel at 5.50 FTEs; and
- Laboratory personnel at 0.10 FTEs.

Based on what they've reported on lines 8 through 14, how many FTEs should they report on Line 15 (Total Medical)?

Again, you can enter your answer in the space provided on Line 15, then click SUBMIT to check it or click the SHOW ME button.

Answer: 9.04

Feedback When Correct:

That's right! You followed the directions on Line 15 that let you know to add the FTEs from Line 8 (1.42), and 10a through 14 (1.02 + 1.00 + 5.50 + 0.10) to come up with 9.04 FTEs and enter it on Line 15.

Feedback When Incorrect:

Sorry, no. Remember, you can follow the directions on the form. In this case, the directions for Line 15 tell you to add the amount on Line 8 (1.42), to the amounts on

Lines 10a through 14 (1.02 + 1.00 + 5.50 + 0.10) to come up with the total medical FTEs (9.04) to be entered on Line 15.

Show Me:

Following the directions on Line 15 lets you know to add the FTEs from Line 8 (1.42), and 10a through 14 (1.02 + 1.00 + 5.50 + 0.10) to come up with 9.04 FTEs and enter it on Line 15.

Who Should I Include: FTEs?

Now that you know how to calculate FTEs, let's talk about whose hours you should include when reporting on Table 5, including a few of the tricky situations that might come up. Don't worry, I promise you can ace this! Just stick with me.

Who Should I Include: FTEs?

You will include FTEs for **all staff who worked in programs and those involved in activities that are within the scope of your project.**

This means that you would include full- and part-time salaried and hourly workers, contracted providers, **and** volunteers in your calculations and report their FTEs in column a. This includes interns, residents, and NHSC assignees.

Fee-For-Service Providers

The only staff you **will not include** are fee-for-service providers who do not have assigned hours. So, if you pay someone only on a fee-for-service basis, you will not report their FTEs on Table 5. The reason for this is that there is no solid basis for determining the number of hours expected for their position; leaving us with an FTE calculation that is imprecise.

Even though you will not report their FTEs on Table 5, you must report any visits they generated while working for you.

Report FTEs Based on Job Function, Not Job Title

Another important point about reporting FTEs on Table 5 is that you need to report them by job **function**, not job title alone (of course the staff also needs to be certified, where applicable, as the type of provider being reported).

Here, let me see if I can explain this a little better.

Let's say that the North Side Health Center has 10 full-time nurses. You would think that they would just report all 10 nurse FTEs on Line 11 (for nurses). But that's not the case.

Let's talk about why that is on the next slide.

Did You Know: Appendix A

You should also keep in mind that the job titles we use on the UDS Report may be slightly different from those used at your health center.

If you look at the list on Table 5 and feel like you're not sure how to categorize your staff, refer to Appendix A (in the back of the UDS Reporting Manual). There you can find a complete listing of personnel by major service category and you can use those definitions to determine whether or not the position is classified as a "clinical provider" or "non-provider" on the UDS Report.

To see the definitions in Appendix A - click on the icon in the lower right corner of your screen.

Report FTEs Based on Job Function, Not Job Title

Well, not all of the nurses work full-time as a nurse. At North Side, they have a nurse that has two different job functions. This nurse spends half his time as a case manager and half his time providing clinical/nursing services. What matters here is the function, not the job title. So, North Side would report that nurse as:

- 0.5 FTEs on Line 11 (Nurses); and
- 0.5 FTEs on Line 24 (Case Managers).

Since all of their other nurses dedicate all of their time functioning as a nurse-they would have their full FTEs reported on the nurses' line.

If you were helping North Side complete this table - how many FTEs would you enter for the nurses (on Line 11)? Remember, they have 10 full-time nurses; but one of them spends half their time as a case manager.

You can enter your answer in the space provided on Line 11, then click SUBMIT to check it or click the SHOW ME button.

Answer: 9.50

Report FTEs Based on Job Function, Not Job Title

You would only report 9.50 nurse FTEs on Line 11. Since all of their nurses are full-time, each would be considered 1.0 FTE. However, one of the nurses splits their time between two positions. So, half of their FTE would be reported on Line 11 (nurses), but the other half would be reported on Line 24 (case managers).

Clinicians Not Allocated from Clinical Section

As we mentioned earlier, you will use Table 5 to report about your administrative staff as well, using Lines 30a through 32. I mention that here because while we know that

clinical staff spend some of their time doing things that might be considered "administrative" tasks (for example, documenting in medical records, reviewing lab results, filling or renewing prescriptions, setting up referrals, or supervising staff) - this is all considered part of their clinical work.

Why is that important to understand? Well, because, we want to be sure that you report all of a clinician's time under their **job function**. Clinicians who spend time on tasks, other than direct care, should not have any of their FTEs portioned out and reported on the facility and non-clinical lines (Lines 30a through 32). Please know that the facility and non-clinical lines are truly reserved for reporting the FTEs of **non-clinical** staff that help work to support your health center.

So, if you hire a person as a full-time clinician, count them as 1 FTE on Table 5, regardless of the amount of time they spend doing clinical work.

However, if you have clinicians who are spending time on administrative work that is corporate in nature (for example, grant writing), then you will want to allocate that portion of their FTE to the facility and non-clinical lines.

Except Medical Director

One "clinician" who often has some of their time reported in the facility and non-clinical section (Lines 30a through 32) is your Medical Director. If you have a physician working in your health center who also serves as your Medical Director, you can report a small portion of their time on the facility and non-clinical personnel lines (again, those are Lines 30a through 32). The time you would use to calculate the portion of their FTE would include time spent in this *corporate*, administrative role (for example, grant writing, attending executive meetings).

For specific instructions on reporting your Medical Director's non-clinical time on Line 30a, click on the View the Manual icon in the bottom left of your screen.

What Should I Include as a Visit?

So, what should you include as a visit in column b?

Face-to-face Meeting Between a Patient and Provider

Earlier, we defined a "visit" at the beginning of our course as a face-to-face contact between a patient and provider, during which the provider acts independently and exercises professional judgment; and that has been documented in the patient's medical record.

Include Visits By:

When you report your visits on Table 5, be sure to not only include services provided by

your health center staff; but to also include:

- Visits performed by volunteers, residents, non-staff fee-for-service providers, and contracted staff; or
- Visits provided by a third party, but that you paid for in full. So, make sure you include paid referrals and voucher program visits, too.
- And, something you might not have thought of, include visits performed by your health center staff while they're seeing **your** health center patients on rounds in the hospital. But if your provider sees non-health center patients on their rounds, you will not report those here. Also, don't forget, any visits must meet the UDS-reportable criteria to be included; that is, a face-to-face contact during which the provider exercised independent, professional judgment, and the contact is documented in the patient's health center record.

Let's Talk More…

Now, let's talk about some things that could potentially trip you up when counting visits.

Counting Visits…

Generally speaking, you can only count 1 visit per patient per service category type per day. That was a mouthful - let me break that down and give you an example of what I mean.

For each one of your health center patients, you will only be able to report **1 visit per service category** (for example, medical, or dental) on any given day. So, if a patient comes in and sees a nurse, a nurse practitioner, and an obstetrician during her visit to the clinic, she would only be counted as having one medical visit for that day.

Exception to the Rule

But, let's say a patient has **2 visits with 2 different medical providers at 2 different sites on the same day, you can count them both.** For example, if a patient comes in to see a Nurse Practitioner at one of your center's sites, then is referred to see a different Family Physician at one of your other clinic sites, both visits should be counted. The same is true for other service categories - this is not just limited to medical providers.

Counting Visits...

Also, a provider in a particular service category can only count one visit per patient per day, regardless of how many services they provide during the visit. So, if during one visit, a physician provides several services, perhaps a routine physical, fluoride drops, and a brief mental health intervention - only one visit is reported for that provider. Likewise, regardless of the number of services or number of teeth worked on, a dentist can only

count one visit per day.

Behavioral Health Visits Include

Also, there are some differences between the way some behavioral health "visits" are handled, versus "visits" in the other service categories.

For behavioral health, in addition to counting face-to-face visits, you will include:

- Telemedicine contacts; and
- "Group" visits-such as group counseling.
- To be counted as a visit, each of these types of behavioral health services need to meet the other criteria of a UDS visit, meaning that the provider exercised independent and professional judgment; **and** documented the visit in *each* patient's record.

Not Included as Visits for Other Service Categories

However, for the other service categories (like medical and enabling), telemedicine, emails, phone interactions, and group visits **cannot be counted** as UDS visits.

Other "Uncounted" Interactions

Other health center activities to exclude when reporting "visits" on Table 5 include:

- Health education classes and community meetings, and
- Health fairs and mass screenings.

You might be wondering why these services are not counted as "visits" on the UDS; they're important, right? Well, yes, they are. But there are a few things to consider:

- Though you may have provided a service to individuals at a health fair or at a mass screening, these individuals may never come to your health center for continued care. Counting those types of visits and patients would drive down the average number of visits per patient at your health center. Remember, we want your data to accurately reflect the services you are providing to your health center patients, and want to ensure that your established patients are receiving comprehensive and continuous care.

Not Included as Visits for Other Service Categories

However, for the Other Service Categories like medical and enabling, telemedicine, emails, phone interactions and group visits cannot be counted as UDS Visits.

Other “Uncounted” Interactions

Along the same lines, when you report visits, please do not include:

- Immunization and lab-only visits; since these are usually a follow-up resulting from a medical visit.
- Don't include "clinical pharmacist" or other pharmacy services, including refills; and
- Don't include outreach activities that tell people about your program services.

How Should I Report Visits?

Now that we've talked about what **can** and **cannot be included** as a visit on Table 5, let's talk about how we will go about reporting those visits.

How Should I Report Visits?

Reporting visits should be fairly easy - all visits are reported in column b. And you will report them on the line for the type of staff who provided the service.

Family Physicians

So, if your Family Physicians generated 4,391 visits, the visits would be reported on in column b, on Line 1 (Family Physicians).

Nurse as a Case Manager

But, if you have a nurse who works half-time as a clinician and half-time as a case manager - since you reported half of his FTE on Line 11 (nurses) and the other half on Line 24 (case managers) - you'll want to be sure to only report his nursing visits on Line 11 (column b) and his case management visits on Line 24 (column b).

Not All Staff Generate Visits

When looking at Table 5, you may notice that only some personnel types have a place to report **visits** in column b.

For example:

- Medical visits can only be generated by physicians, Nurse Practitioners, Physician Assistants, Certified Nurse Midwives, and licensed nurses;
- Dental visits can only be generated by dentists and dental hygienists; and
- Vision visits can only be generated by ophthalmologists and optometrists.

Follow the formatting of the table - it will let you know which personnel types are able to generate UDS-reportable visits.

Table 5- Staffing and Utilization

You may be asking yourself, "how will I remember all of these details?"

Well, when filling out Table 5 you'll notice that some cells in column b are grayed out for certain types of staff. When you see that, you'll know that visits cannot be reported for that type of staff.

If you look closely at Table 5, you'll see that, under the "medical" service category, three types of staff (other medical, laboratory, and x-ray personnel), have grayed out cells in column b. That's your cue that you will not need to enter information there.

Let’s Look at an Example from North Side

Now that you have the information you need to report visits in column b, let's see how North Side reported theirs. Similar to what they did for column a, North Side reported the number of visits on each personnel line, then entered subtotals for each personnel group and, then again, for each major service category.

Sound complicated? It's really not, just follow me as we walk through this example. Let's say that:

- North Side's Family Physicians completed 4,391 visits. We would report those on Line 1; and
- Their Obstetricians/Gynecologists generated 97 visits. We would report those on Line 4.
- As you continue down the list, you can see that we're instructed to add up the total visits (Lines 1 through 7) and report the total (4,488) on the "Total Physicians" line (Line 8).

Let’s Look at an Example from North Side

Easy enough, right? Let's keep going. The next personnel type North Side reported is the Nurse Practitioners (on Line 9a); and they reported that those Nurse Practitioners generated 2,763 clinic visits. We'll enter that on Line 9a (Nurse Practitioners). Again, as we continue down the list, we can see that we are instructed to add up Lines 9a through 10 and enter that figure (2,763) on Line 10a.

Continuing on, the nurses at North Side completed 1,613 visits. We would enter that on Line 11 (Nurses). At this point you may notice that, though North Side has FTEs reported on lines 12 and 13 (other medical and laboratory personnel) - the cells for column b (clinic visits) are grayed out. This lets you know that you do not need to enter

information about "visits" for these types of staff. The reason for that is that visits with other medical and laboratory personnel do not meet the criteria of a UDS "visit"(that is, a face-to-face contact between a patient and provider, who acts independently, exercises professional judgment, and documents in medical records).

Let’s Look at an Example from North Side

OK, before we finish this section, let's make sure we total the visits for the entire medical service group. Again, this is very easy, the instructions let you know what you need to do. Line 15 lets you know that you need to add Line 8 to Lines 10a through 14. So, in this case, we would enter the total (8,864 visits) on Line 15 for the medical service category.

Let’s Take a Break and See What You’ve Learned

OK, so let's take a moment here to see how you would report visits on Table 5 based on this next scenario.

How Many Visits Would You Report for Bill on Table 5?

Let's use the example of Bill, one of our favorite health center patients. Bill comes to our health center and is seen by his family physician and a nurse practitioner for a check-up. During the check-up, he complains of depression and we're able to get him in to see the psychiatrist later that afternoon at our satellite office.

Based on this information, how many visits would you report for Bill on Table 5?

You can make your selection by clicking on one of the circles.

Answer: Family physician and psychiatrist visits

Feedback When Correct:

Exactly! You can only count 1 visit per patient, per provider type, per day. So, you could only count Bill's family physician visit and his psychiatry visit. Even though the two visits were on the same day, they were in different service categories - so you can count both!

Feedback for Just the Family Physician Visit:

No, sorry. Though you were right to count the Family Physician visit and not the Nurse Practitioner visit; you missed counting his psychiatry visit. Even though he saw the psychiatrist on the same day as his physician, the visits are in different service categories - so you can count both.

Feedback for Family Physician, NP, & Psychiatrist Visits:

Not quite. You were right to count the physician & psychiatrist visits; both were on the same day, but they are in different service categories - so you can count both. But the

Nurse Practitioner was part of the Family Physician visit and Bill was already counted as a "medical" patient in the Medical Service Category - so should not be counted.

Column C: Patients

This information can be complicated and there are a lot of things to consider. You're doing a great job keeping up with everything. Hang in there with me just a little bit longer - we have one more column to cover on Table 5.

Column C: Patients

In column c - you'll report the number of patients who received services for each of the major service categories.

Who Should I Include as a Patient?

Let's start out with **who** you should include as a patient in column c on Table 5.

Who Should I Include as a Patient?

First, you may remember that a patient is defined as someone who **receives one or more reportable "visits" at your health center.**

Patients Are Reported on Several UDS Tables

Who should be counted as a patient is clearly defined for the UDS Report; however, **how** you will report patients will be different depending on the table. For example, on several UDS tables, patients can only be included once. But, on Table 5, the way you'll count patients is a little different.

Let me explain.

Service Types

Remember the major service categories included on Table 5?

- medical,
- dental,
- mental health,
- substance abuse,
- other professional,
- vision, and

- enabling services.

A person can be counted as a patient once in each of those categories. So, since there are 7 service categories, a patient could potentially be counted up to 7 times on Table 5 - once in each of the 7 service categories.

Service Types

You may have noticed that I just said a person can be **counted once in each of the service categories**, right?

Well, the important thing to note here is that, while a patient can be counted in multiple service categories, each patient can only be counted **once** in each service category, regardless of how many visits they had in any single service category.

This can sometimes be confusing to health centers when reporting. Let me show you an example.

Service Types

Let's say one of your patients received dental services and medical services at your health center.

On Table 5, you would count them:

- Once as a dental patient (on Line 19); and
- Once as a medical patient (on Line 15).

Same "patient," but receiving services in two different categories. So, they counted once in each category.

Let's do another one.

Service Types

Let's say that over the course of a year, one of your patients comes for three dental visits. They may have had **three visits** but all of them were in the same major service category (dental) - so we would only be able to report that person **once as a** "dental services" patient (on Line 19).

OK, next one is for you to try - good luck.

Knowledge Check: Reporting Patients

You have a patient who has two medical visits at your health center throughout the year. How many times would you count them as a medical patient on Table 5?

You can enter your answer in the space provided.

Answer: 1

Feedback When Correct:

That's right. Although the patient had two visits, both were in the same major service category (medical). So, you would only report them once as a "medical" patient on Line 15.

Feedback When Incorrect:

Sorry, no. Although the patient had two visits, both were in the same major service category (medical). So, you would only report them once as a "medical" patient on Line 15.

Let’s Look at an Example from North Side

Now that you have the information you need to report patients in column c, let's see how North Side Health Center reported theirs.

As you can see, North Side's FTEs and visits are reported in columns a and b - now we just need to enter the total number of medical patients on Line 15. North Side is reporting a total of 2,042 medical patients.

So, we would know, by looking at what North Side is reporting on Line 15 that 2,042 patients (reported in column c) had 8,864 reportable visits (reported in column b). This means that, on average, each of their medical patients were seen a little more than four times for medical services during the reporting year.

North Side Needs Your Help

Given what we just went over about how to count patients on Table 5, let's see if we can help North Side accurately report this health center patient. A North Side Health Center patient came in to their clinic four times over a 3-month period:

- Once for a routine OB/GYN exam;
- A second time to meet with their case manager; and
- Two more times to see the dentist. On the first day, receiving an oral exam and on a return trip to have a cavity filled.

How many times do you think North Side should report her as a patient on Table 5?

Again, make your selection by clicking on one of the circles.

Answer: 3

Feedback When Correct:

Yes! This patient should be reported 3 times on Table 5. Though the patient had 4 visits, 2 of them were in the same service category (dental); and you can only count a patient once per service category, regardless of the number of visits. So, this patient counts once as a dental patient, a second time as a medical patient, and a third time (under enabling services).

Feedback for 1:

Not quite. This would be under-reporting North Side's patients on Table 5. Remember, you can count a patient once in each service category on Table 5; since the patient had medical, two dental, and one enabling visit, they should be counted three times, once in each of those service categories.

Feedback for 4:

Not exactly. You correctly counted this person as a medical and an enabling patient. But, remember, you can only count a patient once per service category, regardless of the number of visits. Though this patient saw the dentist twice, you can only count them once as a dental patient.

Remember These Tips

You may have already realized that what you report on one UDS table is often related to the data you report on other UDS tables. Table 5 is one that has a lot of relationships to other UDS tables. So, you will have to pay attention to what you are reporting and check for consistency across your report.

Let me give you a few examples of places to check before submitting your UDS Report. By checking these areas, you may be able to catch some of your own inconsistencies and make changes to your report before you hit SUBMIT. Doing so can save you time and effort later.

Remember These Tips

One place where problems come up in the review process is when comparing the total number of patients on Table 5 to the numbers of patients reported on other tables, like Tables 3A, 3B, and 4. Reason being is that Table 5 should include a duplicated count of patients, while other tables, like the Zip Code table, and Tables 3A, 3B, and 4 include an unduplicated count of patients.

Let me explain why that is.

Patients

As we discussed earlier, patients on Table 5 can be counted **once in <u>each of the 7 service categories listed</u>.** So, if your health center provides more than one major service type, it is likely that a patient received services in more than one service category. That would mean that a patient would be counted several times on Table 5. In that case, you would be reporting a "duplicated" count of patients.

But, on other tables - like **3A, 3B, and 4 -** patients are only ever reported once. Meaning that those tables are showing an "unduplicated" count of patients served by your health center.

Since you are able to count the same patient once in more than one service category on Table 5, we would expect that the total number of patients reported on Table 5 will be greater than the number of patients reported on other tables (where patients are counted only once).

Did You Know: Patient Profile Tables

When considering your data for reasonableness - understand that for any given service category, the total number of reported patients cannot exceed the total reported on the patient profile tables.

Patients

Well, here's where it can get a little tricky for some health centers. Many feel like the total number of patients they report on Table 3A should equal the total number of patients reported on Table 5, and generally speaking, that's not the case. Typically, when we add up the patients across all of the different service categories on Table 5, we'll get a number that exceeds the total number of patients reported on Patient Profile tables (like Tables 3A or 4). This is because, often times, patients receive more than one type of service at a health center.

The only time we would expect to see the number of total patients reported on Table 5 equal to the number reported on the Patient Profile tables is when a health center only offers services in one category; for example, medical.

Remember These Tips

A couple of other places your reviewer will check to make sure the information you are reporting is consistent with what you're reporting on Table 5 are:

- **On Table 8A (financial costs)** where costs are related to the FTEs you reported on Table 5. So, if you report FTEs for a nurse who also works as a case manager on Line 11 (nurses) and Line 24 (case manager) on Table 5, then you should also report personnel costs on Line 1 (medical staff) and Line 11a (case management) on Table 8A. There is only one exception to this rule. Remember we said that you

will need to report volunteer FTEs on Table 5? Well, since those services are provided to you free of charge, this is one place where you will have FTEs on Table 5, without associated costs **on the same personnel line** on Table 8A. Instead, the estimated value of the donated time would be reported on the donations line (on Table 8A) with a note about the type of donated service; and

- **On Table 9D (patient-related revenue), you will need to report charges related to the visits reported on Table 5.** In other words, whether or not you bill for visits (reported on Table 5), you will need to show the charges for those same visits on Table 9D. For example, if you are providing a service free of charge or at a discounted rate, you still need to report the **full value** of the service provided on the charges line.

Remember These Tips

I have one last note about looking at your data for consistency across your UDS Report. Remember that, since your **Grant Report tables** only include a subset of the total population served by your health center, the number of visits or patients that you report in any cell on a Grant Report table cannot exceed the number you report in the same cell on your Universal Report.

For example, you cannot report more Family Physician visits on your Health Care for the Homeless Grant Report, than the total number of Family Physician visits for your entire health center on your Universal Report.

Let's Take a Break and See What You've Learned

Let's see what you have learned about this table and its relationship to the other tables included in the UDS Report. We have one last chance to test your knowledge.

Cross-Table Knowledge Check

Let's see if these numbers make sense. In this example we have a health center reporting a total of 12,500 patients on Table 3A (Patients by Age & Sex Assigned at Birth). On Table 5, they report:

- 10,500 medical patients;
- 4,000 dental patients; and
- 2,000 mental health patients.

Based on what you've learned, do you think the health center has made a mistake in how they reported their numbers?

Choose from these options to check your answer.

Answer: No

Feedback When Correct:

Right! Patients can be counted once in each service category on Table 5. For example, a patient could be counted once in the medical category and once in the dental category or they could be counted once in all three service categories (medical, dental, and mental health). The more service types you offer, the more likely it is that you will have patients counted more than once in Table 5.

Feedback When Incorrect:

Not quite. Patients can be counted once in each service category on Table 5 and there are several service categories. In many cases, the total number of patients reported on Table 5 will be higher than those reported on Table 3A (with an unduplicated count of patients).

The more service types you offer the more likely it is that you will have patients counted more than once on Table 5. But, if you are only providing one type of service to all of your patients - it is possible for the numbers on Table 5 and 3A to match.

Look Out for These Common Problems

Let me see if I can give you some helpful reminders that will save you and your team some time when reporting information on Table 5. When completing this table, be sure to:

- Report FTEs by job function (and credentialing), not just job title.
- Include FTEs for all employees, contractors, volunteers, and residents; but exclude **fee-for-service providers**.
- Report visits on lines for staff who performed the service. AND
- Only count visits for certain providers; if the line is grayed out, you will not report visits for that provider type.

Look Out for These Common Problems

Also, remember to:

- Count visits provided by: paid and volunteer staff; third-party providers (paid in full by the health center); and those performed by staff rounding on health center patients in the hospital.
- Limit to one visit per patient per service category per day. Unless more than one visit of the same type is provided by *different* providers at *different* locations -

then count both; and

- Only count one visit per patient per day for each provider regardless of the number of services provided at the visit.

Look Out for These Common Problems

And, lastly:

- Only count a patient once in each category in which they receive services (for example, medical, dental, or substance abuse,) regardless of the number of visits.
- Check to make sure the total number of patients you're reporting on Tables 3A, 3B, and 4 is not larger than what is reported on Table 5.
- Make sure you've reported costs (on Table 8A) for FTEs reported on Table 5.
- Billable visits reported on Table 5 have related charges reported on Table 9D.

Congratulations

Congratulations! You've completed the training on Table 5!

Thank you for taking the time today to learn about this table and for testing your knowledge.

Review

You can review any topic that we just covered by clicking on the hyperlinks in the Table of Contents on the left of your screen, but if you would like to do something else, click the **NEXT** button to see your options.

Please remember to access and download additional training resources by clicking on the RESOURCES LINK in the upper right-hand corner of your screen.

Additional Resources

These resources allow you to access National- and State-level UDS data; and, other reporting resources such as Quick Fact Sheets, training webinars, and the in-person regional training schedule. For ongoing questions, you can also email: UDSHelp330@BPHCDATA.NET or call the UDS Helpline toll-free at 866-UDS-HELP.