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| Dana Farber Cancer Institute Ambulatory Practice Management | **Process Improvement at a Satellite Clinic**  
Dana-Farber Cancer Institute, a specialized cancer care and research facility in Boston, operates four satellite clinics in collaboration with Dana-Farber/Brigham and Women’s Cancer Care. Patient volume at the Faulkner clinic, one of the satellites, has dropped over the past two years. The objectives of this paper are to examine the apparent decrease in exam and infusion activity and to assess the clinical productivity of the providers who practice at the Faulkner site. The results show a 17% decline in exam volume and a 16% increase in infusion volume. Over a six-month period, 78% of total provider appointments were filled, and individual provider utilization ranged from 28% to 110%. Possible explanations include insufficient training and coordination among the scheduling staff, inadequate marketing and patient communication efforts, and a general lack of understanding about the role of the satellite clinic. It is recommended that the organizations collaborate to clarify the strategic role of the Faulkner clinic. Secondary priorities should include enhancing scheduler training and coordination and building a consistent marketing message. An epilogue provides a discussion of the effect of large organizational change on individuals’ work. |
| Dana-Farber Cancer Institute Ambulatory Practice Management | **Jimmy Fund Clinic Patient Flow Improvement Project**  
Senior leadership at Dana-Farber Cancer Institute requested that the Department of Ambulatory Practice Management conduct a current state assessment of patient flow in the Jimmy Fund Clinic and provide recommendations on how it could improve. The Jimmy Fund Clinic is the pediatric clinic at Dana-Farber. It provides general oncology, neuro-oncology, stem cell transplant, psychosocial and survivorship services. Methods to evaluate patient flow in the clinic included a staff survey, clinic observations and interviews, and demand and capacity analyses. Results indicate that patients spend approximately 50 percent of their time waiting between services. Analyses also demonstrated a mismatch between demand and capacity and a great deal of variation in demand throughout the day. Vitals and blood draw areas experience a large peak of patients in the morning and lack the physical capacity to meet demand. The infusion area experiences a large peak of patients in the afternoon and has a great deal of unutilized nursing resources in the morning. My recommendations to improve flow fall under three broad categories of improving early morning utilization, matching demand and capacity, and creating scheduling processes. |
| Community Catalyst New England Alliance for Children’s Health | **Building a Coalition among Children’s Hospitals and Health care Advocacy Groups to Improve Access and Quality of Care for Children**  
This final report for the project summarizes the research findings and recommendations from the applied research and practice experience in health policy and management. The placement was completed at Community Catalyst, a national non-profit health care advocacy organization based in downtown Boston whose mission is to promote access and quality of care through policy change and consumer voice empowerment. The overall objective of the paper is to present an argument for why children’s hospitals in the Southeastern US should invest in kids’ health advocacy by funding a regional alliance and by sustaining partnerships with local advocates. The research methodology consisted of a systematic literature review on children’s health policy, interviews with children’s hospital representatives and national advocates, and attendance at local children’s health care conferences. The paper concludes that a regional alliance can have wide-scale impact on children’s health policy. The recommendations suggest key factors of hospital and advocate partners that are necessary for the development of a successful coalition. |
| Clinton Health Access Initiative | **Clinton Health Access Initiative: New Health Product Introduction & Landscape Analysis**  
New Health Product Introduction is the process of implementing therapeutic or preventative health technology products within health systems. The specific analysis with the Clinton Health Access Initiative focused on the developing set metrics and a framework to be used to analyze CHAI’s success in introducing pediatric anti-retroviral fixed dose combination drugs, ready-to-use therapeutic food, and diagnostic technology for HIV/AIDS. The project identified the technologies to evaluate and established key metrics to assist with the analysis. Coverage, Equity, andAcceptability were identified as the major output metrics and changes in prevalence, changes in mortality, and survival benefits were identified as the major outcome metrics to track. The second part of the project focused on developing a landscape analysis of diarrheal treatment options in Nigeria. The research identified the major barriers to uptake of low-osmolarity Oral Rehydration Salts and zinc supplements in Nigeria and made associated recommendations. Integration with the private sector, enhanced supply and distribution, and increased awareness through advocacy and communication regarding disease and therapy awareness were recommended as the key interventions needed to increase uptake of ORS/Zinc in Nigeria. |
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| **Commonwealth Care Alliance** Medical Affairs | **Fall Prevention in Community-Dwelling Elders at Commonwealth Care Alliance**  
Commonwealth Care Alliance (CCA) is a non-profit integrated health care and social support delivery organization that runs a Special Needs Plan (SNP) to serve dual eligibles. CCA identified fall prevention as a priority for care improvement. Falls and their related injuries can cause a cascade of effects from early mortality to loss of independence and premature admission to a nursing home. As dual eligibles, CCA’s population is particularly vulnerable. My work on fall risk and fall prevention included three main components: a literature review, an analysis of the medical record and claims data, and key informant interviews with the clinical leadership. The literature largely agrees on four main interventions: exercise, multi-factorial interventions, vitamin D and polypharmacy. The data on members revealed that the CCA population is at particularly high-risk for falls. Finally, the key informant interviews shed light on three important aspects: screening for fall risk and recording results of the screening is unstandardized and irregular, polypharmacy is a major concern of the clinical team, and the clinical team believes the members would benefit from additional resources. To summarize, I’ve formulated three primary recommendations for CCA: the organization should formalize the process of fall screening and referral to a rehabilitation specialist, an exercise component should be folded into the care plan for all CCA members, and the on-staff pharmacist should be engaged in medication reduction. Though the project did encounter some challenges, it helped to inform CCA’s future fall prevention strategy. |
| **Wakely Consulting Group** Boston office | **Planning Oregon’s Health Insurance Exchange with the Wakely Consulting Group**  
Through my practicum experience with the Wakely Consulting Group working for Jon Kingsdale and Patrick Holland, I focused on two projects. The first project was to conduct a literature review for the Consumer Information and Insurance Oversight (CCIIO) within the Centers for Medicare and Medicaid Services (CMS) on the goals of health insurance exchanges and what they can achieve. The second project was to assess any existing resources and capabilities in Oregon’s state agencies that can be leveraged by its new health insurance exchange. The assessment describes the functional domains that will be needed for exchange operations (partially guided by the CCIIO literature review) and identified existing resources and capabilities in the state, which are relevant to exchange operations. Two other members of the Wakely team and myself identified two areas (navigator management and eligibility determination) where consolidation of functions between the exchange and existing state agencies might be beneficial. We also identified several areas (the SHOP exchange, along with plan management, risk adjustment, consumer protection, and outreach activities) where formal consulting arrangements between state agencies and the exchange will be important. However, Oregon still has significant needs in most of the functional domains identified that will need to be addressed going forward. |
| **Brigham and Women’s Hospital** Orthopedics/Finance | **Time-Driven Activity-Based Costing for Total Knee Replacement at Brigham and Women’s Hospital**  
With the growing importance of cost control in healthcare spending in Massachusetts and nationally, healthcare systems are under increased pressure from healthcare payers to accept alternative payment methods, including bundled payments. Ideally, bundled payments provide an incentive for healthcare providers to coordinate and improve care and control costs. The purpose of this project was to apply the time-driven activity based costing (TDABC) methodology developed by Robert S. Kaplan to a service line within a health care organization, in order to inform an accurate bundled payment rate for the service. The project was developed and executed in a three-way collaboration between Partners Healthcare Systems, Inc. (Partners), Brigham and Women’s Hospital (BWH) and the Harvard Business School (HBS). Acute knee osteoarthritis requiring primary unilateral total knee replacement (TKR) surgery at BWH was chosen for the pilot project. A key driver was an agreement with the Massachusetts government that TKR, among other services at BWH, must transition to bundled payment in 2011. Secondary purposes of the project included determining whether the current cost accounting system at Partners should be augmented by TDABC, determining the cost impact of changes in clinical pathways for TKR, and determining the denominator of the outcomes/cost value equation as outlined by Michael Porter at HBS. The current outcome of the project includes seventeen completed process maps for the care cycle of TKR, a fully developed cost model, and a partial collection of the financial cost data necessary for calculation of a bundled rate. |