SUMMER INTERNSHIP REPORT

At

DOCTOR ALLIANCE

(April 22nd to June 22th)

A Report on

REVIEWING THE VILLAGE MD WORKFLOW IN IMPROVING THE QUALITY OF US HEALTHCARE

By

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PGDM (Hospital and Health Management)

2023-2025

International Institute of Health Management Research

New Delhi

ACKNOWLEDGEMENTS

Reflecting on the past three months, which have been tremendously intensive and full of experience, we want to express our heartfelt gratitude to those who have provided us with invaluable advice and guidance. Without the assistance of the following individuals, this report would not have been feasible.

First, we would like to express our gratitude towards IIHMR Delhi for providing us with the opportunity to work with Doctor Alliance. We are extremely thankful to our mentor, Dr Sumesh kumar, for her dedicated efforts. We are also very grateful to Mr. Sanju Nagendra, Head of HR, for trusting us and providing us with the opportunity to work at Doctor Alliance.

We would like to extend our deepest gratitude and special thanks to the CEO, Mr. Vivek Kushal, for being an exceptional mentor and providing us with the greatest insights and advice..

We would also like to acknowledge our leads and the members of our core team for giving us the fantastic opportunity to actively participate in the project.

To achieve our career goals, we are committed to applying this new knowledge and information effectively and continuing to build on it. We look forward to the possibility of collaborating with each of you again in the future.

Certificate of Approval

The Summer Internship Project of titled **REVIEWING THE VILLAGE MD WORKFLOW IN IMPROVING THE QUALITY OF US HEALTHCARE** is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of **Post Graduate Diploma in Hospital and Health Management** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed, or conclusion drawn therein but approve the report only for the purpose it is submitted.

Name of the Mentor
Designation
IIHMR, Delhi

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LIST OF ABBREVIATIONS

SaaS	Software as a service
HIPAA	Health Insurance Portability and Accountability Act
CPO	Care plan oversight
POC	Plan of care
EHR	Electronic health records
QC	Quality check
CC	Clinical Coordinators
TAT	Turnaround time
DA	Doctor alliance

SUMMER INTERNSHIP REPORT

OBSERVATIONAL LEARNINGS

1. INTRODUCTION

Doctor Alliance is a SaaS startup dedicated to transforming the US healthcare industry with its innovative solution that brings key entities together on a single platform through a holistic approach. This platform connects physician groups and agencies, allowing for the electronic availability of patient documents. This enables physicians to sign documents from anywhere, significantly reducing their paperwork and allowing them to focus more on patient care and planning.

This streamlined process also benefits agencies by speeding up claims and reimbursements to within 3-4 days and reducing their documentation workload, Doctor Alliance not only helps physician groups generate more revenue but also increases business for agencies by boosting service requests.

1 OBJECTIVES OF THE ORGANIZATION:

- Streamline administrative processes, decreases paperwork, and boosts productivity, allowing medical practitioners to focus on providing top-notch patient care.
- This Platform enables healthcare providers to manage patient records efficiently and to sign and send electronic documents

2. MODES OF DATA COLLECTION:

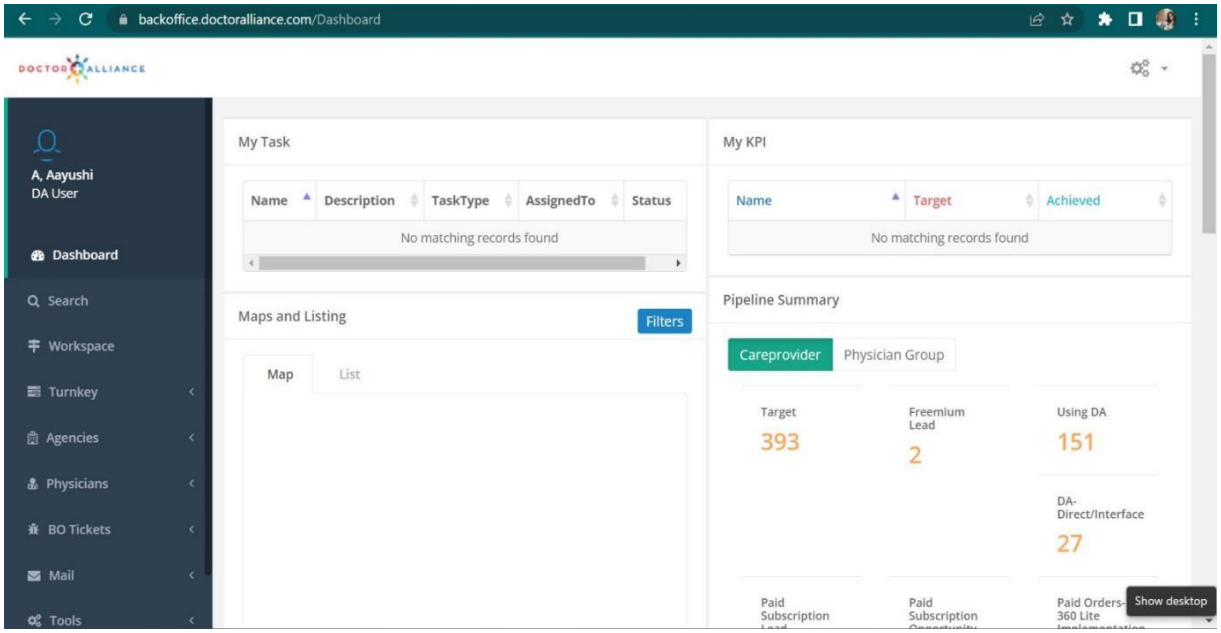
Data was collected from the back office of Doctor Alliance, as well as from the electronic health records of the relevant physician groups (e.g., Athena, E-clinical Works) and agency groups (e.g., Alora, Kantime). The pertinent characteristics were recorded, and data collection was conducted accordingly, facilitating smooth daily operations. Additionally, interactions with other care coordinators provided insights into the standard of patient care and data is analyzed using Microsoft excel.

Different EHR used in Doctor Alliance-

athenahealth eClinicalWorks

QuestQuanum KanTime How better happens.

AdvancedMD



This is the Doctor Alliance dashboard, where we can access all the details necessary to execute our services.

3. GENERAL FINDINGS BY DEPARTMENTS

During the two-month internship, we gained exposure to the various services that Doctor Alliance offers to both home health agencies and physician group organizations. Each department has established workflows, and knowledge transfer sessions were provided to ensure these processes were followed. Each physician group and home health agency had their own EHR systems, and teams were formed with specific responsibilities to manage and operate services across different

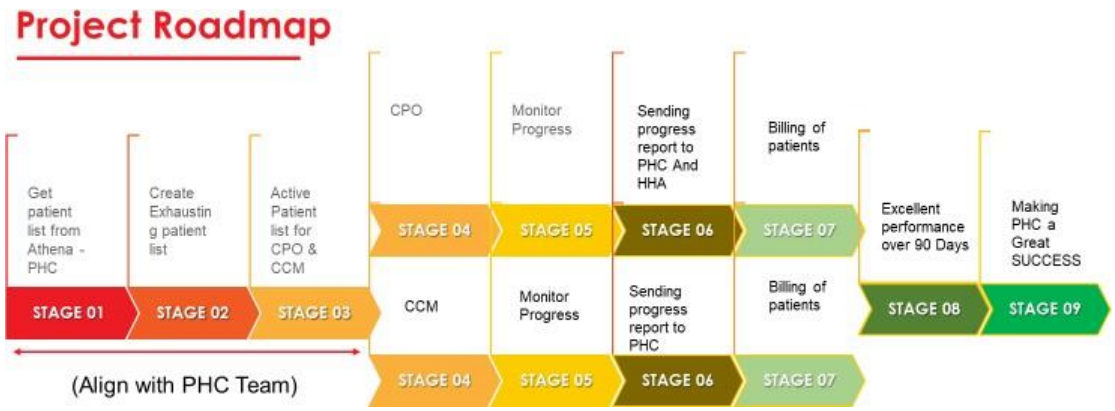
departments.

Programme 1 Physician House calls (PHC)

As a clinical coordinator, I was assigned my first live project on PHC. This project focused on meeting the unique and specific needs of home-bound patients in the city of Oklahoma, located in the Central Region of the US.

These patients often face difficulties in accessing primary care services outside their homes due to having two or more chronic illnesses. Specifically catering to the elderly population, Physician House Calls provides primary care services directly to patients in the comfort of their own homes.

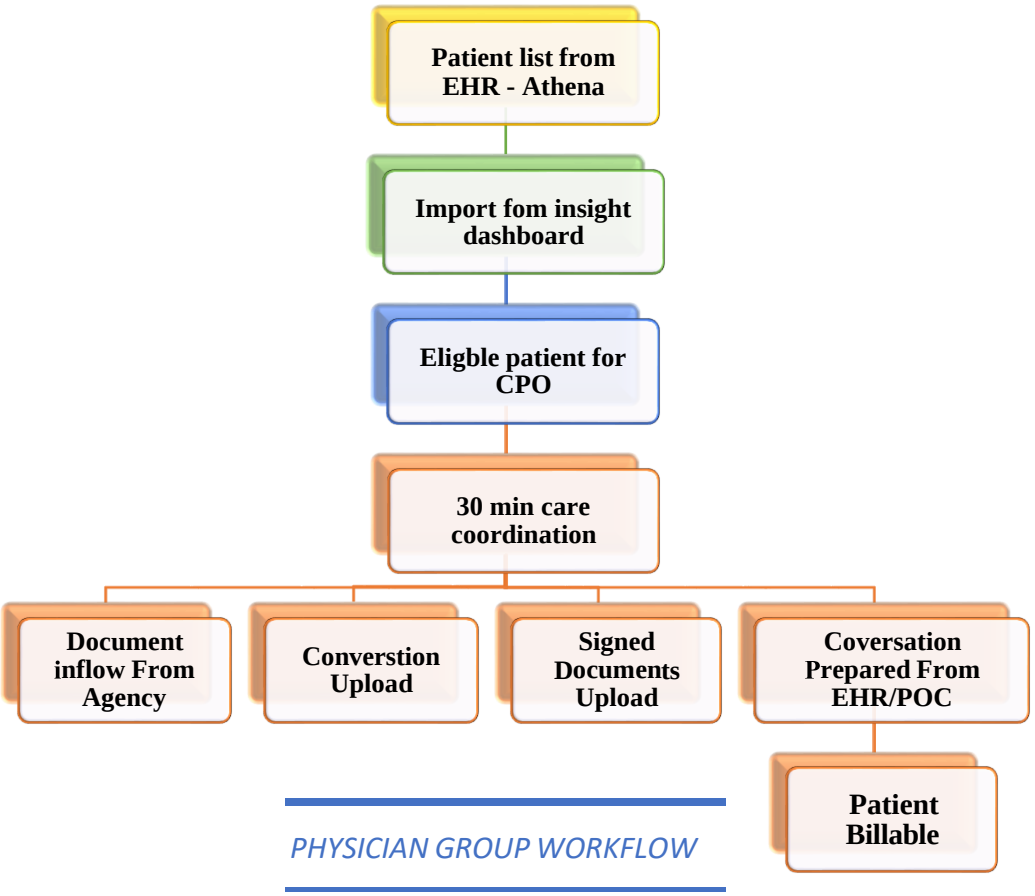
Physician House Calls employs physicians experienced in primary care, as well as nurse practitioners and physician assistants. Preference is given to healthcare professionals who are board-certified in internal medicine or family practice.



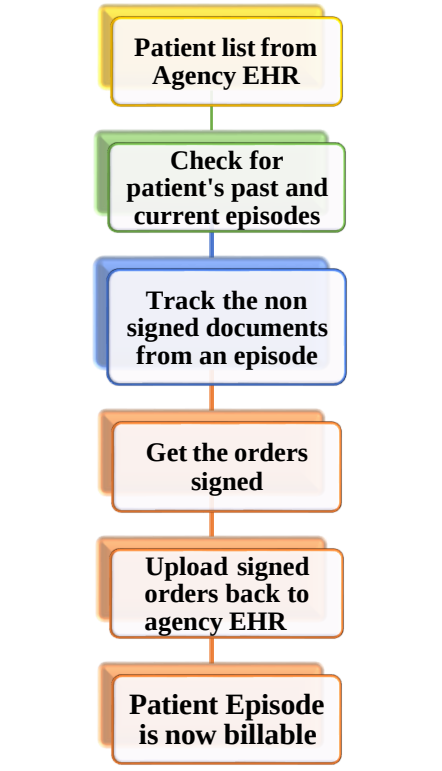
Programme 2 Village MD (Grace's at home)

This was the second house call assignment, operating in parts of Indianapolis under the supervision of Dr. Cronin Olivia. The primary objective of Doctor Alliance is to provide 30 minutes of care coordination to the patient.

The organization handles various tasks, including order preparation, uploading conversation notes, uploading signed documents, and capturing CPO.



PHYSICIAN GROUP WORKFLOW



AGENCY SERVICES WORKFLOW

Programme 3 Workflow of RPA

RPA stands for Robotic Process Automation introduction of this in the organization will reduce the manual stress of the employees and one can give full attention to the patient care coordination, order preparation and simultaneously increase in the patient count.

Each and every step that is depicted in the above procedures will be in automation and Bot will perform all the steps.

Steps included in the procedure are-

Step 1: Transferring patient lists from the PHC EHR to a spreadsheet (SST) will be automated.

Bot will be used to track active patients

Step 2: Verification of Home Health will be conducted through the Ability Network.

Step 3: Patient sync is done by

DA Direct: responsible for transferring patients to the DA Back-Office. We need the DA ID, Athena ID, and Agency ID to match the names in the spreadsheet and ensure they are synchronized.

Self-Upload: Home health agencies upload documents directly to the DA Back-Office.

E-Fax: Documents are faxed directly to Athena, which has a module to collect E-Faxes. The documents are directly faxed to the E-Fax module and then added to the spreadsheet.

Step 4: Every patient must be synchronized with the main spreadsheet. To eliminate any duplicates or errors in patient names, a temporary spreadsheet should be created to remove all duplicates before syncing the patient details into the main spreadsheet.

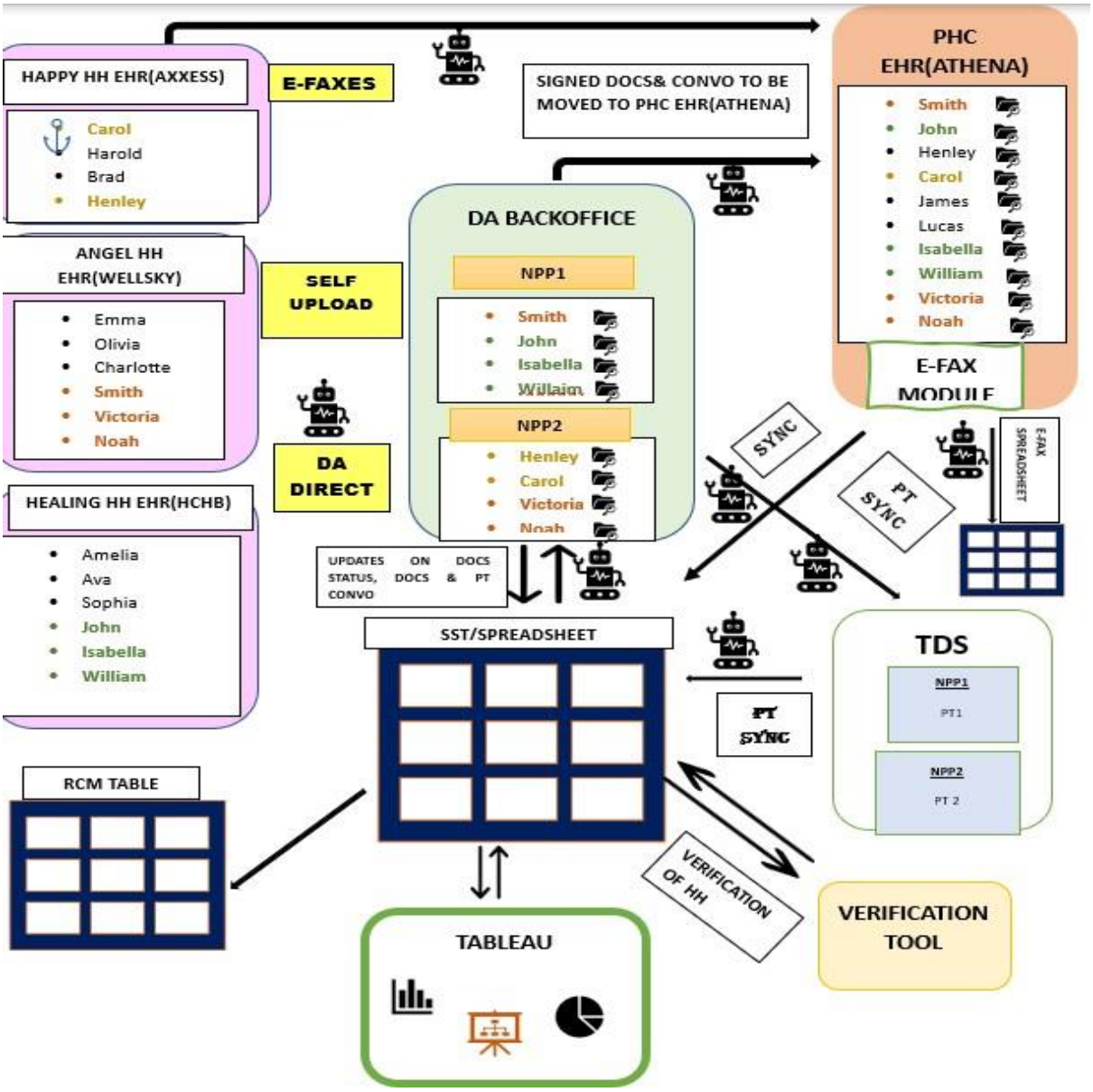
4.1: Utilizing a Bot for Patient Synchronization

Step 5: Signed documents in the back-office need to be transferred to the PHC EHR.

5.1: Utilizing a Bot to verify and move signed documents to the PHC EHR.

Step 6: The Patient synchronization with DA Directly requires uploading to the Back-Office by a bot. This includes uploading documents to the Back-Office and obtaining signatures from the assigned physician.

6.1: Utilizing a Bot to upload documents into the Back-Office.



	Bots
	Spreadsheet
	Patient's Document
	Tableau for Visualization
	Angel HH EHR
	Healing HH EHR
	Happy HH EHR

4. CONCLUSIVE LEARNINGS

- **Experience with EHR System**: Engaging with various EHRs exposed me to a diverse array of software platforms, user interfaces, and functionalities. This experience allowed me to gain a comprehensive understanding of the operations and unique features of different EHR systems.

- **Challenges in System Interoperability**: involves the seamless exchange and utilization of patient health information across different EHR systems. Working with multiple EHRs provided practical experience with interoperability issues such as inconsistent data formats, limitations in information exchange, and communication gaps between systems

- **Workflow Optimization**: Interacting with various EHRs gave me the opportunity to explore different workflows and identify areas for improvement. I learned how to streamline and enhance processes, including patient registration, documentation, test ordering, and medication management.

- **Regulatory Compliance**: The healthcare industry is regulated by laws and guidelines, including HITECH (Health Information Technology for Economic and Clinical Health Act) and HIPAA (Health Insurance Portability and Accountability Act). Each EHR's compliance with these regulations varies. Through my experience with different systems, I learned how EHRs adhere to these standards, ensuring data privacy and protection.

- **User interface and Training**: The usability and user experience of EHRs significantly impact the efficiency and satisfaction of healthcare professionals. Working with multiple EHRs enabled me to assess the user interface, navigation, and overall user experience of each system. This helped identify best practices for user support and training, providing insights into the necessary training for effective system use.

- **Data analysis and reporting**: Experimenting with various EHRs helped me become acquainted with their data analytics and reporting capabilities. I learned how to collect valuable data, generate custom reports, and utilize data-driven insights to improve patient care and outcomes.

5. LIMITATIONS:

- During my three-month summer internship, I gained hands-on experience with various EHRs, finding it challenging to skillfully navigate and address their constraints to optimize their use for healthcare professionals and patients.
- The steep learning curve involved in switching between different EHRs made it difficult to quickly and effectively adapt to their distinct architectures and functionalities.
- Fragmented patient data often led to discrepancies and incomplete records, hindering the ability to obtain a comprehensive view of a patient's medical history and impacting treatment quality and decision-making.
- Becoming proficient in multiple EHR systems required significant time and effort, necessitating regular training and ongoing education to stay updated with system changes and best practices.
- Switching between different EHRs disrupted workflow continuity and efficiency, leading to slower documentation, increased data entry errors, and reduced productivity.

6. SUGGESTIONS FOR IMPROVEMENT:

- Extensive training sessions will provide us with a thorough understanding of the system's features, shortcuts, and best practices to enhance efficiency
- Documenting and summarizing key workflows, shortcuts, and frequently used features will serve as quick reference guides.
- Analyzing the workflows of commonly used EHR systems to identify areas for improvement, finding similarities and commonalities among the systems, and creating standardized methods for routine operations will boost efficiency and productivity.

Review Of Literature

S.NO.	ARTICLE	YEAR	AUTHOR	OBJECTIVE	FINDINGS
1.	Envisioning a Better U.S. Health Care System for All: Coverage and Cost of Care.	2020	Ryan Crowley, BSJ, Hilary Daniel, BS, Thomas G. Cooney, MD, and Lee S. Engel, MD.	• Strive to achieve a goal of establishing a fairer healthcare system, ensuring universal access to necessary care at affordable costs, benefiting both individuals and society as a whole	• More than 30 million individuals lack health insurance, with many more underinsured, a figure projected to rise. • Patients deserve equitable access to medical care without regard to location, profession, or income. This goal can be realized through a single-payer funding model or publicly subsidized coverage.
2.	Group practice impacts on patients, physicians, and healthcare systems: a scoping review.	2021	Terry Zwiep, San (Hilalion) Ahn, Jamie Brehaut, Fady Balaa, Daniel I McIsaac, Susan Rich, Tom Wallace, and Husein Moloo.	• The objective of this longitudinal prospective study is to assess the impacts of group practices, considering both their beneficial and detrimental effects on patients, healthcare professionals, and health systems.	• This leads to a reduction in emergency department and outpatient visits by patients with chronic conditions who perceive enhanced integration within the physician group. • Patients reported improved safety, treatment effectiveness, access to care, thoroughness, wait times, and physician availability due to group practice. • Patients believed that group practices provided better care in terms of infrastructure, equipment reliability,

					responsiveness, and empathy. • However, negative impacts included decreased continuity of care and diminished doctor-patient relationships.

3.	Factors associated with homecare coordination and quality of care: a research protocol for a national multi-center cross-sectional study.	2021	Nathalie Möckli, Michael Simon, Carla Meyer-Massetti, Sandrine Pihet, Roland Fischer, Matthias Wächter, Christine Serdaly & Franziska Zúñiga.	This study aims to explore the correlation between care coordination at the agency level and the delivery of high-quality patient care. It also seeks to understand how factors at the system and organizational levels influence homecare coordination at the agency level.	• Government and policy decisions occur at the macro level, while businesses like home care companies operate at the meso level; interactions among healthcare sector workers and customers occur at the micro level. Care coordination can be compromised at any of these levels. • There is also frequent reliance on nursing assistants, who have less training and qualifications, as a foundation for decisions made by home care nurses. • Effective care coordination, leading to reduced hospitalizations, higher customer satisfaction, and improved health outcomes, can significantly enhance the quality of care provided.

4.	Clinical Outcomes and Quality of Life of Home Health Care Patients.	2013	Suk Jung Han PhD, RN, Hyun Kyung Kim PhD, RN, Judith Storfjell PhD, RN, FAAN, Mi Ja Kim PhD, RN, FAAN.	In this study, the quality of life (QOL) of patients receiving home health care was evaluated based on changes in their health status during the first 60 days of care.	• Seventy-point-five percent of the patient population receiving home health care consisted of elderly patients aged 65 years and older, although all age groups had access to these services. • The effectiveness of home health services is evaluated using the OASIS method, a 79-item tool designed to collect outcome data. These results can inform future reimbursement and the implementation of quality improvement initiatives linked to outcomes. • Users of home health care experienced significant improvements in their functional status, as measured on a continuous scale based on the quantity and nature of activities of daily living (ADL) and instrumental activities of daily living (IADL) before and after hospitalization. .

PROJECT REPORT

REVIEWING THE VILLAGE MD WORKFLOW IN IMPROVING THE QUALITY OF US HEALTHCARE

1. **RATIONALE**:

   The healthcare system in the United States is renowned for its complexity, high costs, and uneven accessibility and quality of services. Improving the system and achieving better healthcare outcomes have become increasingly imperative in recent years.

   The healthcare landscape continues to evolve, with ongoing efforts focused on enhancing the quality and efficiency of care delivery. VillageMD is a prominent healthcare provider specializing in a primary care-led, high-value clinical model.

   They offer tools, technology, operational support, and staffing to empower physicians in achieving superior clinical outcomes across populations. Partnering with physician groups, independent practice associations, and health systems, VillageMD aims to enhance quality of care, deliver exceptional patient experiences, and reduce costs within the communities they serve.

   Exploring innovative approaches is crucial as the US healthcare system grapples with escalating costs, fragmented care delivery, and the increasing need for improved patient outcomes.

2. **RESEARCH QUESTION**:

   - How are orders currently prepared and errors validated through quality control?
   - Could you outline the process for uploading signed documents onto the EHR?
   - How What is the total number of eligible patients for billing, and how is the efficiency of care provided to patients measured?

- How do care coordinators capture Critical Pathway Order (CPO) information?

3. **OBJECTIVES**:

- To assess the influence of the existing management process on patient care coordination.
- To determine the errors that are affecting the efficiency of care that are provided to the Patient.
- To Recommend improvements to the current process management.
- To Examine the handling of errors and discrepancies occurring during the workflow.

4. **MODE OF DATA COLLECTION**:

Data on Data on patients from April 22 to June 22 was sourced directly from the Doctor's Alliance back office and electronic health record (Athena). Observations were made on the procedures conducted by care coordinators to obtain this data. Insights into the quality of care provided were also gleaned from interactions between patients and their care coordinators. Using tools like Microsoft Excel, responses were gathered, filtered, and subjected to statistical analysis

5. **METHODOLOGY**:

- **Research Approach-** Observational Study
- **Research Design-** Quantitative
- **Research Instrument**- Patient's record from EHR (Athena)

  (secondary purposes such as aggregating health data at the population level. This data, drawn from sources like Electronic Health Records, Health Insurance Claims, and Health Registry data, serves to enhance personal care planning, facilitate medicine development, support safety monitoring, conduct research, and inform policymaking.)

- **Population of the study-** Patient base of Village MD
- **Sampling Technique**- Convenient Sampling
- **Data Analysis**- Microsoft excel and Google Spreadsheet

The study, spanning three months, involved an 800-patient sample and 75 home health agencies.

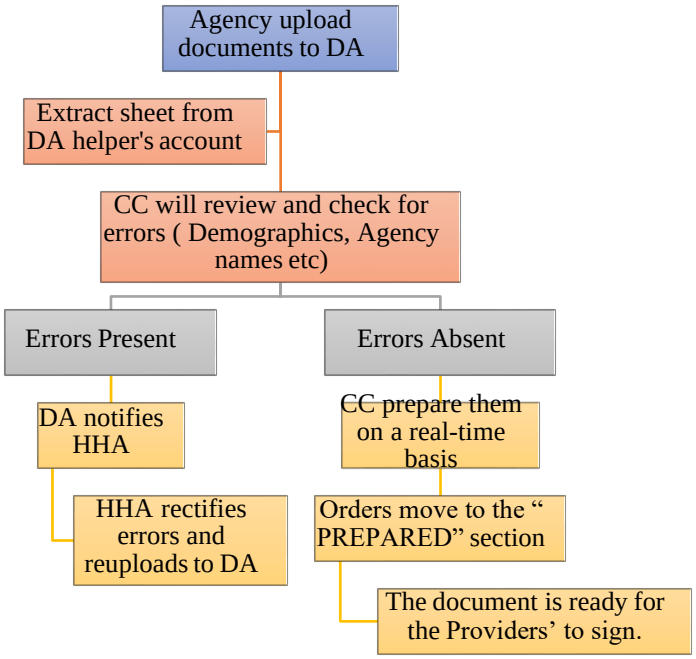
From Patient orders and communications were processed from 8 am to 5 pm CST on weekdays, excluding Saturdays and Sundays.
Inclusion criteria: Village MD patient base and home health agency basedin Indianapolis region.

- **Inclusion criteria:-** Patients were included if they were part of the Village MD patient base and received care from home health agencies in the Indianapolis region.

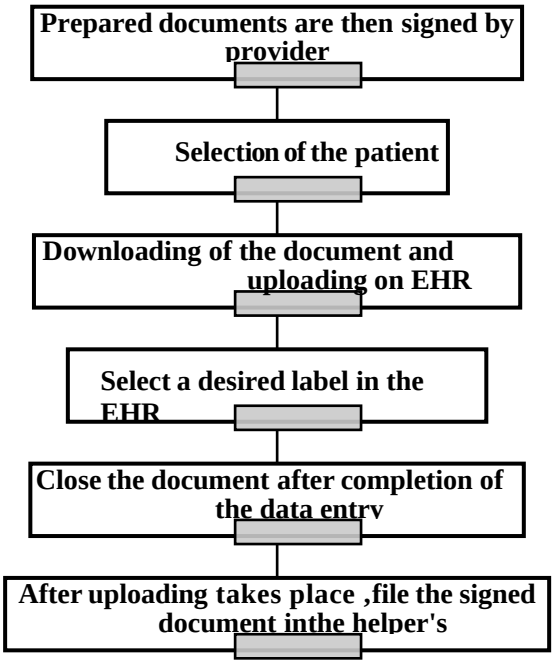
- **Exclusion criteria:-** Patients were excluded if their episode had expired if they were deceased, or if they hadn't had a face-to-face encounter within the past six months.

WORKFLOW

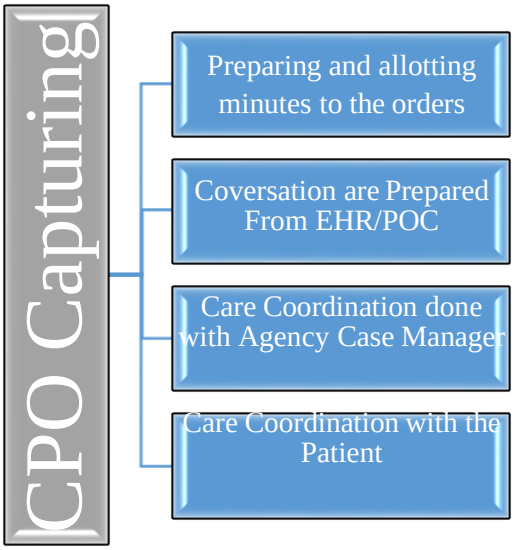
- To facilitate care coordination, a workflow has been followed from extracting the patient list from the EHR to providing 30 minutes of care coordination.
- Various steps, including order preparation, conversation uploading, signed document uploading, and CPO capturing, each have their own workflows to achieve the desired outcomes.



ORDERS PREPARATION



SIGNED DOCUMENTS UPLOADING



CPO CAPTURING

6. RESULTS

DEFINE THE PROBLEM:

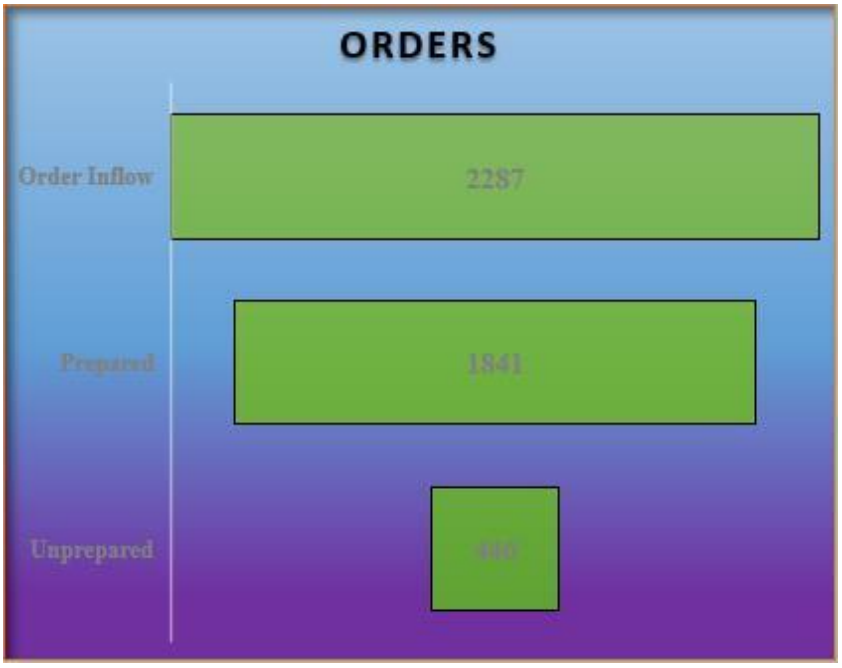
VillageMD aims to provide high-quality care to patients by coordinating with home health agencies. However, several pain points occur during coordination, such as the lack of real-time access to patient documents, delays in immediate

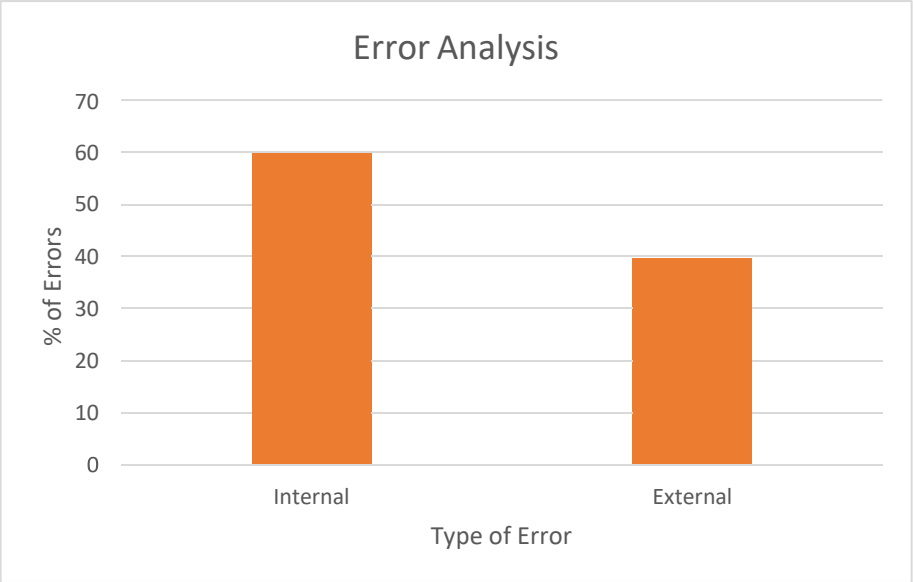
Patient's care, a 20-25 day turnaround time for signed documents impacting patient billing, and the reliance on faxes to send verbal orders. Doctor Alliance bridges this gap by providing these services and ensuring the maintenance of quality of life.

7. DATA ANALYSIS AND INTERPRETATION

A. ORDER PREPARATION:

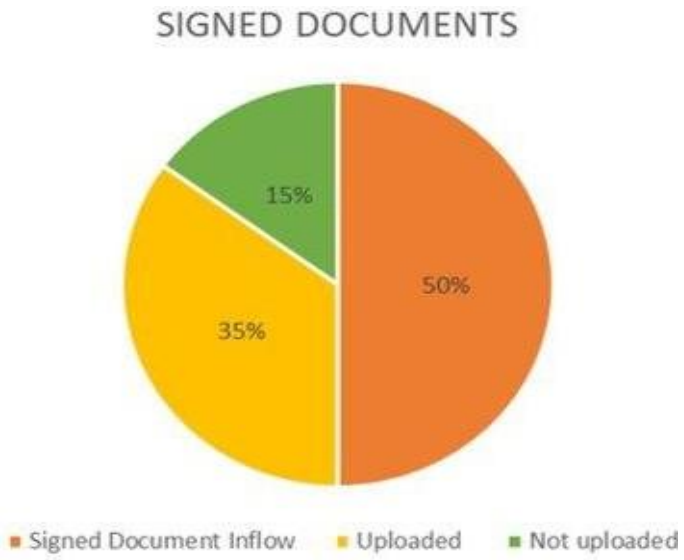
- Data collection on order inflow began on April 22, 2023, and concluded on May 22, 2023, with a total of 2,287 documents collected.
- The documents included plans of care, recertifications of plans of care, verbal orders by physicians, physical therapy evaluations/assessments, occupational therapy evaluations/assessments, speech therapy evaluations/assessments, communication notes, lab results, and client coordination reports.
- A total of 2,287 documents were received from 75 agencies for 800 patients, of which 1,841 were prepared by clinical coordinators.
- A total of 446 orders remained unprepared due to errors that occurred during QC validation of those documents.





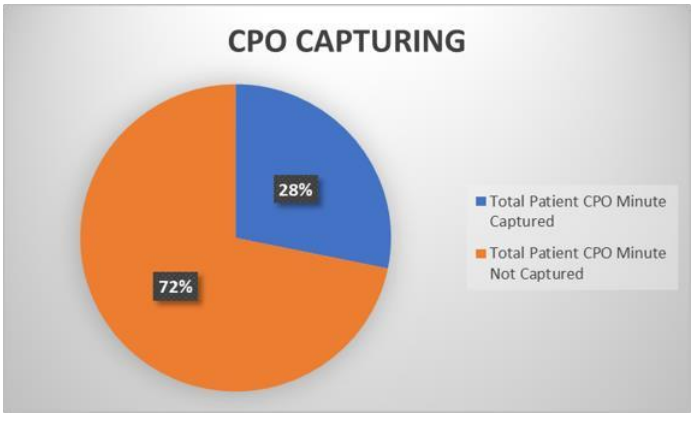
B. UPLOADING OF SIGNED DOCUMENTS

- After an order is prepared by care coordinators, the document moves to the "To Sign" section in the DA back office, where the physician must sign it digitally.
- If the signed document is not uploaded to the EHR, the patient will not be billed.
- Without the document in the EHR, home health agencies cannot access it, hindering their ability to provide care to the patient since the DA platform is accessible only by physicians.
- Of the 2,287 documents inflowed, all were signed by the physician, but only 1,600 were uploaded to the EHR.



C. CPO CAPTURING:

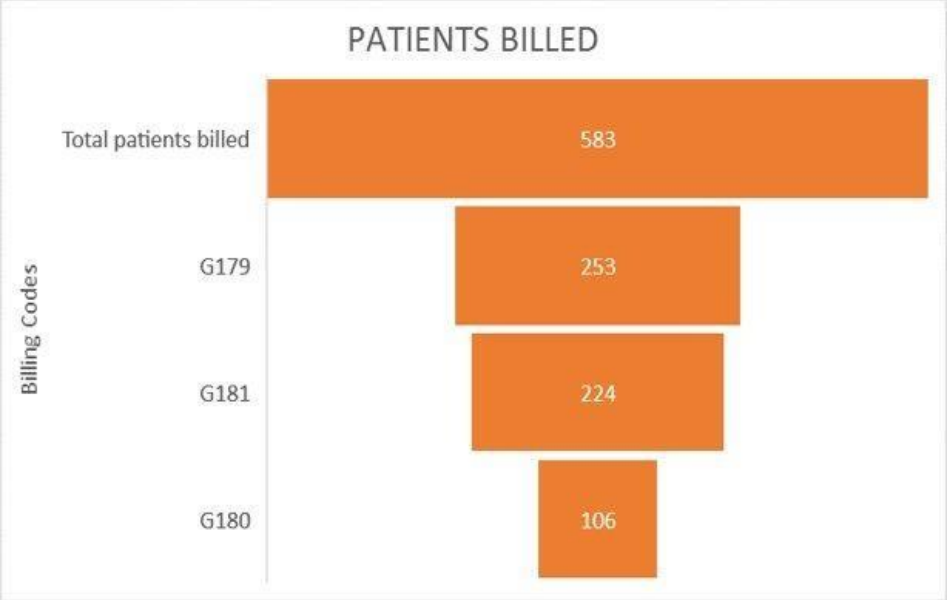
- Thirty minutes of care coordination were completed for 224 out of 800 patients.
- Care coordination for 576 patients was not completed due to the non-availability of documents on the EHR he lack of a valid certification period, and F2F encounters not occurring within the past six months



D. PATIENTS BILLED

- In 1 month, 583 patients were billed under codes G179, G180, and G181 respectively.

- 253 patients have a recertification period of 60 days, 106 patients have a certification period of 60 days, 224 patients have completed 30 minutes of care coordination.



8. **GAPS IDENTIFIED IN PRESENT WORKFLOW OF VILLAGE MD**:

- Orders flowing through agencies are not prepared and not allotted minutes due to errors encountered during QC validation.
- Conversations that have flowed in are not uploaded within the given Turnaround Time (TAT).
- Signed documents are not uploaded within the given TAT.
- Patients are not billed due to a lack of resources to capture CPO minutes.
- Non-availability of plans of care and other signed documents of patients on the EHR renders them unbillable.

9. **CONCLUSION**:

The workflow designed by DA aims to provide exemplary services for VillageMD, setting a compelling example for elevating healthcare standards in the US. Its patient-centered, interdisciplinary approach has the potential to revolutionize care delivery, enhance patient outcomes, and contribute to a more efficient and equitable healthcare system, especially when paired with advancements in technology.

All components of the Village MD workflow prioritize patient-centered care, clear communication, and collaborative decision-making. The comprehensive and coordinated delivery of care is facilitated through the collaborative efforts of doctors, nurses, care coordinators, and other healthcare professionals. This multidisciplinary approach not only enhances the management of chronic illnesses but also promotes preventative treatments, ultimately improving patient health outcomes.

To assess the long-term impacts and sustainability of the Village MD workflow, further analysis and study are essential. Research focusing on diverse healthcare settings and a broad spectrum of patient demographics would provide valuable insights into its effectiveness and applicability across different

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Phoenix Compliance

VeePhoenix Compliance Private Limited ***CIN No: U74999KA2016PTC098770***

INTERNSHIP CERTIFICATE

Dear Jahanvi Sharma,

We would like to congratulate you on your successful completion of your Live Project & Internship with VeePhoenix Compliance from ***1-11-2023 to 21-06-2024*** *as a* ***"Live Project - Intern"****. Your contribution to the organization and its success will always be appreciated.*

We wish you success in all your future endeavors.

For *VeePhoenix* Compliance Pvt. Ltd.

By: Sanju K Nagendra
People Operations Manager

FEEDBACK FORM

(Dr Kanak Pushkarna)

Name of the student – Jahanvi Sharma

Summer internship institute- VeePhoenix Compliance Pvt Ltd

Area of summer internship- Clinical Coordinator(Services)

Attendance- 90%

Objectives met- Yes

Deliverables- yes, the deliverables are met

Strengths- Communication, Services

Suggestions for improvement- No

Signature of office-incharge

Date- 16th July 2024

Place- Bangalore

FEEDBACK FORM

(IIHMR MENTOR)

Name of the Student: Jahanvi' Sharma

Summer Internship Institution: Doctor Alliance

Area of Summer Internship: Patient Care (EHR, HIMS, EMR)
US Healthcare

Attendance: 90%

Objectives met: Recommendation to improve US healthcare
Improved Satisfaction
Planned effective strategies

Deliverables: Reduced Turn around Time.
Patient satisfaction improved

Strengths: Good communication skills
Good understanding of EHR, EMR (Digital health.

Suggestions for Improvement: Financial skill can be worked upon.

Signature of the Officer-in-Charge (Internship)

Date: 11th December 2024
Place: New Delhi

2

Jahanvi Sharma ST report

ORIGINALITY REPORT

2%	1%	0%	1%
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