

NORTHWEST FIRE DISTRICT



Family Care Center

Program Appraisal

for the upcoming 2025-2026 fiscal year

In partial or complete fulfillment of the following CFAI Criterion and Performance Indicators (core competencies identified in **bold**): **9C.3**

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EXECUTIVE SUMMARY

The NWFD Family Care Center (FCC) exists to provide quality, cost-effective, and easily accessible care to the members of the District's medical insurance plan.

DIVISION PURPOSE

The purpose of the NWFD Family Care Center is to support the mission of NWFD in caring for our internal community and their families by providing easily accessible, high quality, low-cost healthcare aimed at improving patient experience.

DIVISION ADMINISTRATION

The Family Care Center is currently comprised of the following positions and personnel:

Nurse Practitioner (1) - Responsible for the operation and clinical oversight of the Family Care Center while providing comprehensive healthcare to employees and those covered under the District's medical insurance plan.

Clinic Coordinator (1)- Coordinates resources and care for patients, acting as a liaison between patients, their families, health care professionals, and the District's medical insurance carrier to ensure seamless coordination of patient care and clinic operations.

COMPLIANCE STATUS WITH FEDERAL/STATE/LOCAL REGULATIONS AND CODES

- Health Insurance Portability and Accountability Act (HIPAA)
- Occupational Health and Safety Administration (OSHA)
- Clinical Laboratory Improvement Amendments (CLIA)
- AZ State Board of Nursing
- Drug Enforcement Administration (DEA)
- AZ Board of Pharmacy

INTERNAL PROGRAMS

Primary healthcare: Provides primary care to employees and members of the District medical insurance plan ages 12 and older. Provides sick visits to eligible members of all ages.

CURRENT AND NEEDED MEASURES

CURRENT PERFORMANCE MEASURES:

Key performance indicators:

- a. Increase in primary care utilization over prior year. This may be evidenced by way of reporting from United HealthCare (UHC) showing:
 - i. Increase in number of primary care physician (PCP) visits over prior year.
 - ii. Decrease in number of urgent care visits.
 - iii. Decrease in number of emergency room visits.
- b. Increase in member engagement month over month. This is tracked by reporting from electronic health record.
 - i. Numerator: employee/spouse/dependent engagement
 - ii. Denominator: number of total members on NWFD medical insurance plan

PERFORMANCE MEASURES IN DEVELOPMENT:

Patient satisfaction: goal >90% “extremely satisfied”.

Decrease in pharmacy costs.

Decrease in overall claim costs year over year.

CURRENT DIVISION GOALS/OBJECTIVES AND STATUS

- 1 Develop a trusted patient-provider relationship.
 - a. Research has shown that patient trust in the healthcare provider is essential to an effective relationship between the patient and provider. Trust in the healthcare provider results in better patient engagement in their care, improved compliance to treatment regimens, and overall better management of chronic health conditions. Provider trust has been shown to be earned through active listening, caring for the patient as whole, and clinical competency. (Greene & Ramos, 2021).
 - b. Objectives:
 - i. Develop clear procedures that protect the confidentiality of health records.
 - ii. Educate members on the privacy safeguards in place.
 - iii. Actively listen and solicit input from the members on services provided and experiences had.
 - iv. Provide a patient portal to allow direct communication to and from the provider.
- 2 Increase utilization of primary care for the District’s members and their families by eliminating barriers to access.
 - a. Having a primary care provider is imperative for maintaining health as well as preventing and managing chronic conditions. In a study

conducted by Merritt Hawkins, the average time to appointment for primary care is 20.6 days (AMN Healthcare, 2022).

b. Objectives:

- i. Remove scheduling barriers by allowing online self-scheduling of appointments.
- ii. Build into schedule same day appointment slots.
- iii. Utilize telemedicine when appropriate.
- iv. Keep office stock of commonly used antibiotics for acute conditions to make care more comprehensive
- v. Point of care lab testing to identify minor acute illnesses helping avoid need for urgent care visits.

3. Lower the cost of healthcare for NWFD members and their families.

- a. High-Deductible health plans (HDHP) have been shown to deter individuals from seeking care as often thus decreasing opportunities for early detection & management of chronic diseases (Jetty, Petterson, Rabin, & Winston, 2018).

b. Objectives

- i. Set an office visit price structure that is reasonable and affordable.
- ii. Utilize eConsult technology to better triage specialty visits.
- iii. Keep sample meds in office (when appropriate) to verify efficacy prior to pharmacy prescription.
- iv. Provide in office point of care lab testing for common ailments.

c. Key performance indicators

- i. Increase in primary care utilization.

STRATEGIC PLAN CRITICAL TASKS DISCUSSION

The FCC is developing a clinic specific objective for inclusion in the 2024-2029 Strategic Plan. It is anticipated that this objective will be adopted during FY25/26.

Goal 2: Enhance and promote the organizations mental, physical, and occupational health, wellness, and safety.

Objective 2B: Research, develop, support and promote programs, initiatives, and opportunities for mental health support to all team members.

Status: ongoing

Goal 4: Strengthen recruitment, development, and retention of engaged workforce reflective of the organization's community and core values.

Objective 4D: Ensure the organization's benefits package remains competitive while also reflecting our workforce's unique values and preferences.

Status: ongoing

CURRENT ISSUES

Current issues include access to reporting. System limitations make it difficult to accurately report the value and cost savings the FCC provides to the District. This is further compounded by limited access to reporting from our medical insurance carrier to better compare year over year data.

Another challenge we face is access to quality mental healthcare providers. We struggle with finding quality providers with availability to have our patients seen quickly. We also struggle being able to contact a provider to update them on concerns or to discuss plan of care. Collaboration of medical providers and mental health care providers is not common but is imperative in providing comprehensive care.

UPCOMING FISCAL YEAR GOALS/OBJECTIVES – INCLUDE RELATIONSHIP TO STRATEGIC PLAN GOALS/OBJECTIVES AS APPROPRIATE

1. Aid in timely coordination of follow- up appointments, referrals, and ancillary testing.
 - a. Objectives
 - i. Schedule the next follow-up at time of visit completion.
 - ii. Network with community specialists and available resources to create a streamlined referral process with emphasis on mental healthcare providers.
 - b. Key performance indicators
 - i. Goal of 90% completion rate on referrals
 - ii. Goal of 90% completion rate on ancillary testing

TRAINING

CURRENT YEAR TRAINING ACCOMPLISHMENTS FOR DIVISION STAFF

Completed Peer Support Training

Completed Struggle Well Class

Provider education for continued education hours required to maintain Family Nurse Practitioner (FNP) certification: Academy of Preventative & Innovated Medicine, Parts 1 & 2

UPCOMING FISCAL YEAR COMPLIANCE RELATED TRAINING NEEDS

HIPAA training

OSHA training

UPCOMING FISCAL YEAR JOB TASK RELATED TRAINING NEEDS

Provider education for continued education hours required to maintain FNP certification.

Completion of Functional Medicine Course

Completion of Parts 3 & 4 of Academy of Preventative Medicine & Innovated Medicine to obtain Advanced bioidentical hormone replacement therapy (BHRT) Certification.

PROGRAM SELF-ASSESSMENT

THE PROGRAM SELF-ASSESSMENT CONSISTS OF THE CURRENT ACCREDITATION CORE COMPETENCIES AND PERFORMANCE INDICATORS THAT DESCRIBE, APPRAISE, AND LIST A PLAN FOR YOUR DIVISION. THESE CORE COMPETENCIES AND PERFORMANCE INDICATORS ALONG WITH THE CURRENT ISSUES IDENTIFIED, ARE THE FOUNDATION FOR DEVELOPING UPCOMING GOALS AND OBJECTIVES.

CFAI STRATEGIC RECOMMENDATIONS:

Category 9: Essential Resources

Essential resources are defined as those mandatory services or systems required for the agency's operational programs to function. They should be given the same value of importance as a primary program. Appropriate adjustments may be necessary in the self-analysis to adapt the typical components listed below to the local situation. For example, when reviewing a water supply system, the evaluation may not be limited to conventional resources, such as water lines and fire hydrants, but may include alternative resources, such as tankers (tenders), ponds, streams, lakes, cisterns, etc.

Criterion 9C: Administrative Support Services and Office Systems

Administrative support services and general office systems are in place with adequate staff to efficiently and effectively conduct and manage the agency's administrative functions such as organizational planning and assessment, resource coordination, record keeping, reporting, business communications, public interaction, and purchasing.

Summary

Administrative support services are primarily provided by the Administration Services Division. Additional need-based administrative support is provided within individual Divisions. The Administration Services Division duties are broad in nature, and include managing the strategic planning process, serving as the District's custodian of records, facilitation of public records requests, coordination and administration of agency meetings, and project-based work as assigned by the fire chief.

CC 9C.3 Organizational documents, forms, standard operating procedures or general guidelines, and manuals are reviewed at least every three years and updated as needed for all agency programs.

Description

NWFD's organizational documents, specifically District policies (reviewed annually through Lexipol) and the NWFD-FCC Procedure Manual (reviewed at least every three years and updated as needed), are reviewed and in date. All known critical forms essential to the mission of the District are also reviewed at a minimum of a three-year interval. The District's recent contract with Lexipol was to ensure policy and procedure reviews are completed on the Center for Public Safety Excellence (CPSE) model's review schedule. The NWFD FCC Procedure Manual will follow the same review schedule to streamline review processes.

Appraisal

The District's new policy and procedure review methodology using Lexipol is working well to meet the agency's needs. Agency membership worked with Lexipol contractors in 2022 to migrate all NWFD policies and SOGs into the platform. To not inundate the Fire Board, Business Services is bringing batches of policies through the monthly Fire Board meetings for approval. The Knowledge Management System by Lexipol was deployed to membership in January 2023 following the lengthy 2022 policy review and revamping process. The current SOG manual is being incorporated into the Lexipol procedure section for rollout once the policy portion is approved and reviewed by members.

The Lexipol service provides data and tracking of policy and procedure employee reviews, legislative compliance, and organizational review/revision reminders to ensure that NWFD has notified the members of all policies and procedures, that NWFD has met federal and state compliance, and that the CPSE review requirements for policies (every year) and procedures/other critical documents (every three years) are met.

Plan

The District plans to finish the development of the new organizational documents within Lexipol and will evaluate once the project is complete.

References:

AMN Healthcare/Merritt Hawkins. (2022). *2022 Survey of physician appointment wait times and medicare and medicaid acceptance rates*. Dallas: AMN Healthcare. Retrieved from https://www.merritthawkins.com/trends-and-insights/article/surveys/2022-physician-wait-times-survey/?utm_source=Partner&utm_medium=Display_Partner&utm_campaign=Client_Physicians_2022WaitTimeSurvey_PressRelease_Sept2022&LO=Display_Partner

Greene, J., & Ramos, C. (2021, May). A mixed methods examination of health care provider behaviors that build patients' trust. *Patient Education and Counseling*, 1222-1228. doi:10.1016/j.pec.2020.09.003

Jetty, A., Petterson, S., Rabin, D. L., & Winston, L. (2018, June). Privately insured adults in HDHP with higher deductibles reduce rates of primary care and preventative services. *Translational Behavioral Medicine*, 8(3), 375-385. doi:10.1093/tbm/ibx076

Attachments

[NWFD FCC Manual copy](#)

[Patient rights and responsibilities](#)

[Notice of Privacy Practices](#)

FINANCE BUDGET DEPARTMENT ID:

Department Finance ID #	Department(s)
1260	Family Care Center

ANNUAL OPERATING BUDGET REQUEST

\$336,553

PROGRAM ECONOMIC EFFICIENCIES IDENTIFIED DURING PREPARATION OF PROPOSED BUDGET

N/A

CAPITAL ITEM REQUEST DISCUSSION

N/A

LINE-ITEM DISCUSSION

N/A

PROPOSED FISCAL YEAR 2025-2026 BUDGET

Account	Account Name	2023-24 Actual	2024-25 Adopted Budget	2025-26 Proposed Budget	Variance	Comment
1260 - Family Care Center						
51110	Salaries	\$ -	\$ 134,683	\$ 138,042	\$ 3,359	Step Increase
51120	Hourly	\$ -	\$ 57,845	\$ 59,301	\$ 1,456	Step Increase
51211	Medical Insurance	\$ -	\$ 24,860	\$ 26,580	\$ 1,720	Premium Increase
51212	Dental Insurance	\$ -	\$ 966	\$ 950	\$ (16)	
51213	Vision Insurance	\$ -	\$ 228	\$ 224	\$ (4)	
51216	Life Insurance	\$ -	\$ 84	\$ 84	\$ -	
51218	STD Insurance	\$ -	\$ 500	\$ 393	\$ (107)	
51230	Social Security	\$ -	\$ 11,937	\$ 12,235	\$ 298	
51231	Medicare	\$ -	\$ 2,791	\$ 2,860	\$ 69	
51251	ASRS	\$ -	\$ 23,623	\$ 23,681	\$ 58	
51290	PEHP	\$ -	\$ 1,925	\$ 1,973	\$ 48	
Total Personnel		\$ -	\$ 259,442	\$ 266,323	\$ 6,881	
52110	Office Supplies	\$ -	\$ 500	\$ -	\$ (500)	Aligned to Actuals
52130	Computer Supplies	\$ -	\$ 1,000	\$ -	\$ (1,000)	Aligned to Actuals
52139	Operational Equipment	\$ -	\$ 10,000	\$ 10,000	\$ -	
52140	Operational Supplies	\$ -	\$ 10,000	\$ 10,000	\$ -	
52144	Medical Supplies	\$ -	\$ 20,000	\$ 20,000	\$ -	
52160	Dues, Memberships & Subscriptions	\$ -	\$ 1,898	\$ 2,389	\$ 491	
52170	Travel & Per Diem	\$ -	\$ 1,000	\$ 1,500	\$ 500	
52180	Training	\$ -	\$ 2,500	\$ 3,500	\$ 1,000	Increased Training Needs
52198	Books & Periodicals	\$ -	\$ 910	\$ 520	\$ (390)	
52220	Software	\$ -	\$ 14,437	\$ 14,437	\$ -	
52430	Gen. Liab. & Auto Insurance	\$ -	\$ 7,300	\$ 7,884	\$ 584	
Total Non-Personnel		\$ -	\$ 69,545	\$ 70,230	\$ 685	
Total Family Care Center 1260		\$ -	\$ 328,987	\$ 336,553	\$ 7,566	

SUPPORTING DOCUMENTS, TABLES, CHARTS, ETC

N/A

REFERENCES

N/A