                           The Eggplant

Valley Medical Group, P.C. Staff Newsletter           Volume XVII, Issue 3, April 10, 2017

In this issue of *The Eggplant,* I want to tell you about our 2017 incentive program to continue to improve our access, preventive health procedure rate, and our revenues. But before I do that I want to acknowledge that many of you are waiting to hear about compensation increases for 2017. We will have an announcement out by the end of the month. So for now, here’s the information on the incentive program.

In the fourth quarter of last year we started an incentive program to increase our patient access, improve performance on several quality measures, and increase our overall revenue. We set up goals for each of the health centers, reported on them regularly, and if all the centers had reached the goals, we would have paid out a cash incentive to every non-practitioner employee. The results were encouraging. More patients were seen, more mammograms and diabetes labs were done, and that was very good for our patients and we appreciate that. However we did not hit the goals so there was no payout for this incentive. We agreed we would create another incentive program this year.

This year’s incentive will be based on achieving budgeted revenue targets on a quarterly basis. Simply put, in any quarter in which we hit or exceed our total VMG budgeted fee for service revenue targets, we will pay out $100 to every regularly scheduled non-practitioner staff member (there are a few exceptions about who qualifies and those will be explained by supervisors and managers) early in the next quarter. We will publish our revenue targets on charts similar to the “thermometers” we used last year and post them in staff areas and update them each month so we all know how we are doing.

It’s important to know that we are trying to reach our goals by doing the things we are here to do for our patients:

* Improve access to scheduled appointments, same-day services and urgent care
* improve rates of services that indicate high quality care and compliance with preventive health guidelines

It’s also important for you to know what you can do to achieve these goals. Some of these are similar to what we were focusing on at the end of last year: filling our schedules for needed services, increasing mammography rates for women needing those services, improved rates of testing for patients with diabetes, etc. Other things you can do will be discussed at department and clinical teams and with supervisors in the next few weeks.

We are planning on beginning the program in April with the first possible payout in July. We’ll be discussing this more at the Brown Bag meetings this week. At the end of this document is a set of “Frequently Asked Questions (FAQ)” which may help explain some points.

Thanks for your continued dedication to our patients and I hope this helps to provide additional recognition of our achievement.

**FAQ About 2017 Incentive Program**

**Q. Will the incentive program be *instead of* any other compensation adjustments this year?**

A. No. The incentive program is in addition to any other compensation adjustments (e.g. merit increase, cost of living adjustment, etc.) that we may do this year.

**Q. When will we know about any other compensation adjustments?**

A. By the end of April we will have determined what funds are available and how they may be distributed and we’ll announce by early May (if not before).

**Q. Is the timing of compensation adjustments different this year from the past?**

A. No. In most years past, we have made adjustments mid-year as we see how we are doing compared to our budget. The end-of-year, holiday season gifts that have almost always been distributed are not decided until near the end of the year, again based on how we are doing compared to our budget.

**Q. Can we track how we are doing more easily than last year?**

A. Yes. We have a budgeted FFS revenue target to hit each month. We will have that on a chart at the beginning of the quarter and track it each month.

**Q. Is this achievable?**

A. Yes. We were already very close in January and February.

**Q. What if my center makes it but another center does not?**

A. The payouts are based on total VMG FFS revenue targets. That means that, month to month, even if there are differences in centers, it’s the total revenue that counts for every eligible employee to get the payout.

**Q. What can I do to help make sure we hit the targets?**

A. Mostly what you are already doing but perhaps with greater focus. Fill the schedules, make sure checkout slips are completed and appointments and services are scheduled, fit patients in as possible even same day, etc. More specifics can be discussed in department and team meetings.

**Q. Why are we doing this?**

A. Three main reasons. First, we have missed many opportunities to help patients get all the services they need while they are in our centers. We want folks to have their preventive services according to our guidelines for necessary care. We want to make sure we take every opportunity for patients to improve and maintain their health. That’s the main reason we’re in business.

Second, we do want to increase our revenue in appropriate ways by providing necessary services.

Third, in addition to other compensation adjustments, it’s a way to share in our success in achieving our mission.

**Q. Does this focus on increasing revenue mean that we are close to “going out of business?”**

A. Most emphatically, NO. This is a way to help improve our ability to do all the things we want to for patients and for staff.