

Dear PPNYC Board,

We write to voice our collective concern about changes occurring at PPNYC. We, Providers with a combined 175 of years of experience, deeply value our PPNYC patients, colleagues, and mission. We share support for increasing access, revenue, and reducing wait times. However, we are troubled by current plans to meet these goals; proposals to expand clinic hours and increasing number of patients per provider per hour have come without the necessary changes in structural, administrative, technological, and staff support to safely execute, and will be implemented at the great expense of ourselves, our colleagues, the organization, and our patients.

We work for this organization because we are committed to the mission, and the health, education, and empowerment of our patients. Our commitment to exceptional care is widely recognized. Routinely we have patients tell us that we are the best healthcare provider they've ever had; we have seen them crying in gratitude for the kindness and compassion received from every staff member during their reproductive and sexual health care process, both privately and publicly (on sites like Yelp, Reddit and Google). Our Press Ganey Provider (a patient satisfaction measurement tool utilized by the majority of affiliates) commentary regularly illustrates the quality of the care we provide, including two APCs whose scores place them among the top twenty nationwide.

We, these same providers, work tirelessly to deliver this outstanding care at the ongoing expense of bathroom breaks, full lunch breaks, and leaving on time. We do not have enough HCAs (medical assistants) to efficiently care for our patients today, let alone practice team centered patient care (TCPC) as we have been instructed by PPFA. Support staff is overstretched by increasing demands, while there are simply not enough personnel to keep up with the patients that must be seen.

On Friday, January 18th, we were informed for the first time that in less than two months, clinic hours would be extending to 9 pm four nights a week and our participation in expanded hours was required to retain our jobs. These proposed changes were developed primarily by non-clinical employees who are rarely exposed to services in our clinics, and without any input from those of us who do provide direct patient care. They show disregard for work/life balance and further threaten employee satisfaction.

In light of recent national press coverage highlighting Planned Parenthood's mistreatment of pregnant employees (*New York Times* 12/20/18- *Planned Parenthood is accused of Mistreating Pregnant Employees*), it is extremely important that Planned Parenthood NYC demonstrate unified support for staff's family planning choices by encouraging schedules supportive of working families. These changes did not account for those with children, whose new, mandatory shift times will end well after family mealtimes and afterschool programs. Nor do these changes acknowledge staff members who have committed to attending school after work to advance their medical training. Staff members have also expressed concern for their own safety leaving the clinics at late hours, and for commutes home that may now end well after eleven.

Against this backdrop, the AVPs and VPs in clinical services and operations are now holding providers accountable to increase patient numbers and reduce cycle times. This is both punitive and dangerous. We as individuals are ultimately liable for our patient's medical care, but do not have control over how many schedule appointments or come through our doors; nor how long they spend waiting for/with support staff. A continued push for reduced cycle times without addressing *why* patients spend so much time in the clinic places providers in a dangerous bind: spend too little time with a patient and run the risk of making a medical error, with all of its financial or legal implications for both clinician and organization, or spend adequate time but run the risk of being penalized for not reaching our "goals."

One urgent example concerns something alarmingly basic: distributing medications to patients. Recent errors made apparent the inadequacy of our pre-existing in-clinic medication distribution system, where front desk staff without proper training, licensing, and support. It was decided that clinicians were now to be the ones to distribute medications. This change was made without implementation of appropriate safety checks, or any reduction of existing workload for clinicians to manage this important task. Providers have reached out to our compliance officer on at least two separate occasions in the last 60 days to ask for systems that protect both patients and staff medical licenses, and we have received no meaningful response, let alone solution or intervention. The system stays the same, and every day, the safety of our patients and our licenses are on the line. We should not have to choose between doing the work we love today and our ability to do it tomorrow.

In order to realize our shared goals—seeing three patients per hour, reduced cycle times, and improving clinical staff's ability to excel at their jobs—there are strategies that we believe should be undertaken to improve patient care and clinic performance. We who do the work deserve to be heard on how we as an organization could be doing it better, but our suggestions, requests, and concerns have remained unanswered. We have reached out to you as we do not believe our voices are valued by our CEO nor by the VPs and AVPs of upper management, who rarely set foot in the clinics we open and close every day.

To safely provide the care that we are devoted to we request the following systems be put in place prior to expansion of clinic hours and patient volume:

- 1. Upgrading Technology throughout the centers, inclusive of software and hardware as well as the training necessary to utilize it in a high volume clinic, including the following:**
 - Servers that support the workload of all clinics
 - IT staff on-site at all centers during all working hours
 - A call center that can handle the volume and properly triage calls
 - Implementation of a kiosk-based check-in system and digital medical history entry, thus allowing BAs and HCAs to provide patient education and administrative tasks that are currently handled by APCs.

- Immediate investment in an electronic medical record (EMR) that makes sense for our clinic and the necessary hardware to function at an adequate speed. Server crashes, computer failures, and system errors have become a near-daily occurrence and continue to worsen.

2. Adequate staffing to support an increase in patient volume, including:

- Employ and train the PPFA-recommended necessary number and ratio of BAs & HCAs to APCs to properly swing rooms.
- A solution to medication distribution that reduces the risk to both patients and licensed staff members.
- Offering staff schedules which support work/life balance

3. Accurate data collection systems that properly assess the complexity of visits as well as the etiology of delays in cycle time, including:

- An evaluation process that encompasses the number of patients seen per hour, RVUs (the actual complexity of the visit) and billing and coding level of the work that we do.
- Increase clinical staff engagement in developing solutions for reducing cycle time
- Budget transparency

Due to the current climate of the organization, we the undersigned have chosen to stay anonymous in fear of retaliation and threat to employment. One APC states, "I am disappointed that I don't feel comfortable putting my name on something I feel so strongly about and agree with wholeheartedly. Unfortunately, I fear backlash and the loss of a job that I need. That is so telling of the situation we are in and how important this letter is."

Thank you for your attention to these concerns. We look forward to working with you to improve the safety, efficiency, and quality of patient care at PPNYC.

Sincerely,

Anonymous 20